CHILD WELFARE AND FOSTER CARE ISSUES

HEARING

BEFORE THE

SUBCOMMITTEE ON PUBLIC ASSISTANCE AND UNEMPLOYMENT COMPENSATION

OF THE

COMMITTEE ON WAYS AND MEANS HOUSE OF REPRESENTATIVES

NINETY-EIGHTH CONGRESS

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CHILD WELFARE AND FOSTER CARE ISSUES

MONDAY, APRIL 16, 1984

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
SUBCOMMITTEE ON PUBLIC ASSISTANCE
AND UNEMPLOYMENT COMPENSATION,
Oakland, CA.

The subcommittee met at 9 a.m., pursuant to notice, in room 115, Oakland City Hall, One City Hall Plaza, Oakland, CA, Hon. Harold Ford (chairman of the subcommittee) presiding.

[The press release announcing the hearing follows:]

[Press release No. 11, Apr. 6, 1984]

THE HONORABLE HAROLD FORD, (D. TENN.), CHAIRMAN, SUBCOMMITTEE ON PUBLIC ASSISTANCE AND UNEMPLOYMENT COMPENSATION, COMMITTEE ON WAYS AND MEANS, U.S. HOUSE OF REPRESENTATIVES, ANNOUNCES A PUBLIC HEARING TO BE HELD IN OAKLAND, CA, ON CHILD WELFARE AND FOSTER CARE ISSUES, MONDAY, APRIL 16, 1984

The Honorable Harold Ford (D., Tenn.), Chairman of the Subcommittee on Public Assistance and Unemployment Compensation of the Committee on Ways and Means, U.S. House of Representatives, today announced a public hearing on child welfare and foster care issues to be held in Oakland, California, on Monday, April 16, 1984. The hearing will be held in room 115 of the Oakland City Hall, beginning at 9:00 a.m.

The hearing will include invited witnesses from public and private child welfare and foster care agencies, representatives of the judicial system, foster parents, former foster children, and professional organizations whose members are involved in the direct provision of services to families, and other organizations representing health, emergency care and research activities.

In announcing the hearing, Chairman Ford stated that "The hearings being held in California are part of oversight and legislative activities of the subcommittee concerning the implementation of the Adoption Assistance and Child Welfare Amendments of 1980 (P.L. 96-272)."

That legislation was enacted because of concern about the inadequacies of child welfare and foster care programs in the states. It was found that there were inadequate resources and inadequate focus on services to children and families to prevent the need for foster care. The law provides federal incentives to the states to furnish services to families and children in foster care for reunification of families or, where appropriate, placement for adoption.

Chairman Ford also stated that "In addition to the gathering of information on the current status of the child welfare and foster care programs, the hearing will be examining the impact on families of federal cuts in social services, AFDC programs and other federally funded programs affecting families. Particularly, the hearing will, in this regard, examine the relationship between unemployment and the related stress on families and increasing reported incidences of child abuse and neglect."

WRITTEN COMMENTS FOR THE RECORD OF THE HEARING

For those who wish to file a written statement for the printed record of the hearing, six copies are required and may be submitted by the close of business, Tuesday, May 1, 1984, to John J. Salmon, Chief Counsel, Committee on Ways and Means, U.S.

House of Representatives, room 1102 Longworth House Office Building, Washington, D.C. 20515.

Chairman FORD. I am delighted as chairperson of the Subcommittee on Public Assistance and Unemployment Compensation to be here today with hearings on child welfare and foster care.

The subcommittee is here today to receive testimony from a number of child welfare, foster care, and adoption assistance issues. In particular, the subcommittee is interested in learning about the implementation of the Adoption, Assistance, and Child Welfare Amendments for 1980.

That legislation authorized a modified foster care program, and the new adoption assistance program, under the Social Security Act.

Under the act, States were to establish a comprehensive set of services, procedures, and safeguards to improve their child welfare and foster care programs. And we want to know how well the States are doing in implementing the improvements.

In addition, this hearing is a continuation of the subcommittee's examination of the impact of the Federal budget cuts in social services, AFDC programs, and other federally financed programs that assist families.

In this regard, we want to focus today on the relationship between unemployment, and the related stress on families, and increases in child abuse and neglect.

And I want to commend Congressman Pete Stark for his leadership and initiative in developing this field trip today. Pete Stark is one of the most effective and concerned Members of the Congress. And I'm delighted to join with my colleague, and a former chairman of this Public Assistance Subcommittee today, here in the Oakland area.

We hear a lot of statistics about the number of poor people in this country; the number of people who have no access to health care; the number who depend on public assistance programs to survive.

And I think it goes without saying that as alarming as these statistics are, it is even more disturbing when we realize that so many of these people are children. That's right, children. They're not old enough to even understand the debate about the proper role of the Federal Government in assuring a decent standard of living for its citizens. And I know that they do not understand the budget process that has taken place in the last 3 years in the Congress of the United States.

They can't vote, but they are in need of effective representation in the Congress more than any other group of people in this country, and as long as your Congressperson, Pete Stark, is in the Congress they will have that representation.

And, once again, I am delighted to join my colleague and the ranking person of this committee today in the Oakland area for these public hearings.

At this time the Chair would yield to Mr. Stark.

STATEMENT OF HON. FORTNEY H. (PETE) STARK, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

Mr. STARK. Thank you, Mr. Chairman, for your kind words. I knew that you enjoyed our California hospitality last night, but I didn't think the dinner was so good as to warrant such an effusive eulogy, and I appreciate it.

I want to thank everyone who's taken the trouble to be here this morning. Your concern about the child welfare and foster care system is one we share.

Recently the L.A. Times ran a series of articles on foster care group homes which made all of us angry. The stories indicated that millions of Federal and State dollars were being paid to unscrupulous operators who may have enriched themselves at the expense and detriment of the youngsters. Of course, you're all familiar with the horror stories of those who've exploited the youngsters beyond anything that most human beings can possibly accept.

As a long time member of this Public Assistance Subcommittee, which has jurisdiction over the foster care issues, I was determined to hold hearings here in California. We in Washington need to be out and about more to see what is happening in our districts, and we have to see what we can do to put an end to the warehousing of foster children.

We can't allow troubled or abused children, or even children who have been somewhat destabilized just by the fact that they have been separated from a natural parent, be exploited for profit or by unscrupulous home owners or operators.

On the other hand, there are many nonprofit groups who do a fine job, and I express my appreciation, as does the whole community, for the job they are doing, and I know they're well represented here today.

I'm particularly concerned about the so-called cast-off kids because we spent many hours working on legislation to make the foster care system more responsive to their needs.

The legislation became Public Law 96-272, the Adoption Assistance and Welfare Act of 1980. While the act was passed 4 years ago, California has only recently implemented the provisions as required.

I'd like it understood that I'm here to help this legislation. Some of our colleagues in Washington would rather see Federal participation reduced, and changed to block grants, which is an euphemism for cut the amount of money, and I strongly oppose this approach, and I know, Mr. Chairman, the subcommittee does too. I hope the testimony today will help us in our job.

Our committee hearings in Washington are not well attended. The Public Assistance Subcommittee is not one where the rooms are jammed with lobbyists in three piece suits as they are in other subcommittees. When we're talking about public assistance for a very large corporation you'll find the audience will swell to 10 times the attendance we have today when we are dealing with that topic.

So it's important that those of us who work in this area are armed with the facts and reactions of the people here on the firing line who have to deal with problems of the laws we write.

We intended to deemphasize the use of long-term foster care as a solution to family problems, and rather encourage services to prevent the removal of a child, or permanent adoption placement if the child absolutely could not remain with his or her family.

The law enacted a number of reforms in the foster care systems, such as approved recordkeeping, and more general case planning and review. And the goals are viable. Whether or not the laws we created have properly been implemented, or whether they work, is something you have to help us determine.

Is the program adequately funded? Have cuts in social services, AFDC, and other programs hurting families, impacted on your foster care system?

Social scientists have long theorized that if for one generation of children the poverty cycle could be broken and a nurturing atmosphere substituted, we'd be on our way to solving one of the worlds biggest problems.

We have an opportunity for at least 600,000 foster children in the United States today. We could break that cycle of poverty. There's no greater injustice than for society to accept or demand custody of abused, abandoned, neglected, handicapped, dependent children and then continue that neglect and abuse.

So we're here to ask those of you who deal with some phase of the child welfare foster care system to help us—whoever deals with the day-to-day operation of the system—to help us answer these questions so that we will know where we need to go from here in a legislative direction. The greatest service we can offer to foster children in California and in the United States is to waken public concern on this important issue.

Thank you, Mr. Chairman, again, for making this hearing possible here in California.

Chairman FORD. Thank you very much, Mr. Stark. The Chair will now call to the attention of the audience today that we do have six panels that we will be hearing from, this subcommittee this morning. Also with the superior court juvenile judge.

I'd like for you to know that any of you who have prepared statements that want to make sure their words are made a part of the record, they will be. If you'd like to summarize your statement or statements you can do so when you testify before the subcommittee.

At this time——

Mr. STARK. Mr. Chairman, if I could interrupt—that request.

If the tradition that we've established on some of our hearings in California—and many of the people have been glad to accede to that—is the tradition under which we operate the U.S. Congress, which is referred to as the 5-minute rule.

We happen to have had the policy of excusing both elected officials and appointed officials in county government, but we would ask if you have a timer that if each member of the panel would summarize or add to their written testimony in 5 minutes, the chairman and I would agree to hold our comments for 5 minutes. And we would give the people who will be down toward the end of the list a chance to participate, and it will be fair, and I'd ask the others consent.

If the Chair would operate under those California rules——

Chairman FORD. The Chair is willing to operate under the California rules. With that, I think we can get more of the witnesses, and those who are on panels 5 and 6 will not have to worry. The committee will be in session, and we will hear from you, your statements and all.

I know that we have the Honorable Daniel M. Hanlon. I don't know whether to start——

Mr. STARK. Well, Judge Hanlon is head of the juvenile superior court division in San Francisco, and has established a reputation with the entire bay area as a person of deep concern, and some expertise in his whole field. I'm anxious to hear from the judge's testimony, and glad that he would take time from his busy schedule to be with us this morning.

Chairman FORD. Judge, we're delighted to have you before us today.

STATEMENT OF JUDGE DANIEL M. HANLON, SUPERIOR COURT, JUVENILE DIVISION, SAN FRANCISCO, CA, ACCOMPANIED BY LISA CLAY, CITY ATTORNEY'S OFFICE, SAN FRANCISCO, CA

Judge HANLON. Thank you, Mr. Chairman, and Mr. Stark. I appreciate and thank you for the opportunity of being able to address the subcommittee.

Accompanying me is Mrs. Lisa Clay of the City Attorney's Office of San Francisco, who handles a great number of the dependency matters in the court, and who assisted—her staff assisted in my getting many of the statistics which will be in my written statement.

Our implementation of 96-272 started in April 1981, prior even to the passing of S.B. 14, and we went from a yearly review calendar to a 6 months review calendar which is—at that time it was deemed a nonappearance calendar not because parents were not encouraged to appear where their children were placed out of home, but simply because few did despite notification.

Currently, that has been changed, and when we began to plan for the onslaught of permanency planning cases that were mandated by S.B. 14, that had to be completed by last September, a new form was devised to clearly advise the parents whose children were outside of their home to be present.

And, despite the serious admonishment in the form, in the statement that these were to be appearance matters, very, very few parents actually came. Of those who did come, only two actually asked for and received a contested permanency planning hearing.

In those cases where the parents were not in complete agreement with the guardianship plan, or adoption plan, they were told that they could contest it there, or because of the onslaught, many of them contested it at the time of guardianship or adoption plan hearing.

In August and September, the total dependency cases reviewed by the San Francisco Superior Court were 1,449 cases of dependency. Of those, 478 were in long-term placement. Fifty-five were under unification plans; 95 were working toward a guardianship plan; 181 toward adoptions; and 176 were at home with the parents.

Of those 328—it was too early yet for a permanency planning hearing to be held if recently, or had been, within 6 months removed from the home. During that month, those 2 months, only one was returned home, and two were transferred out.

That is an overview. I think a couple of the concerns, because of the time limits that I would like to mention today, is there are some difficulties with the time limits and the constraints of the 1 year and 18 months. And I think that's because we are dealing with human nature, and whether or not human nature will actually modify its behavior to become a good parent, or a better parent, or be able to get the parenting skills that are required to take care of small children.

I think my observation would be a concern to the committee that it's been my observation from the time that I've been in juvenile, that once we have undertaken—once the State has undertaken to remove a child from the home the statistics show that reunification is less likely. Once the base step, whether it's at the initial hearing, or the subsequent hearing, that because of the time constraints, I just find that reunification is very slow coming. And I think part of the problem is whether or not the local departments are actually allocating their funds for mandated services ordered by the court, and whether, indeed, the pressures of other costs of running a department of social services, such as the housing, schooling, medical costs for these dependent children, are interfering with the amount of money that should be available for reunification services.

Mr. STARK. Judge, if I may ask a question.

Judge HANLON. Yes.

Mr. STARK. I think what you just said is by the time it gets to you it's too late. It isn't the mere act of having that file that creates the irreconcilable differences. The fact that by the time the court has something filed with it it is too late.

Is that what you meant.

Judge HANLON. Yes, sir. It is filed, and we make the judgment to take the child from the home.

Mr. STARK. It isn't the act of filing that does something that creates that?

Judge HANLON. No, sir.

Mr. STARK. OK.

Judge HANLON. Once it's filed, and we make the act of removing the child from the home for the child's safety, then it seems like unification——

Mr. STARK. It's already too late when that comes about.

Judge HANLON. That's what I'm saying.

I notice the red light is on. Does that mean I'm——

Chairman FORD. Continue.

Judge HANLON. One other concern I have that I wish to share, that I understand no one else will probably touch on, as I spoke with your staff. That is the interstate compact or the transfer of children.

When we have the time constraints that we operate on under S.B. 14, and 96-272, it is my conclusion that the interstate compact does not work.

For the local worker to complete a package and forward it on to a receiving State—and many times this is where the extended

family is—takes somewhere from 2 to 7 months. It will take another 6 or 7 months for the receiving State to do the home study and approve the plan, and return it.

So you're talking about in an average case of 1 year almost, give or take a few months, to place a child under the interstate compact. Many States you can't move them.

I have a case where I have a child that was being received in New Jersey. And the State of New Jersey has for months refused to answer correspondence; let us know what the status of home study is.

I have another example of a child that's going to Texas, where the parent has removed herself because she found that the temptations of San Francisco were interfering with her lifestyle; to go back to her home where she had her family and extended family support would be a benefit. But the child remained a dependent of San Francisco court for better than a year trying to get the child reunified with the mother.

During this time the child bonds with foster parents. It becomes more difficult for us to wrench that child out of the home, and attempt a reunification service with an extended family in another State.

And I would invite the subcommittee and its staff, perhaps, to review whether or not the Federal Government should at this point, since we have undertaken to perform the necessary services under the Adoption Act, 96-272, whether or not the Federal Government must at this time review and step into implementing the Interstate Compact Act.

And, Mr. Chairman, and Mr. Stark, that is a very, very big concern of all my colleagues. I spoke with judges—three or four judges in Los Angeles, and this is a problem with them, as well.

Chairman FORD. So you've talked with other judges throughout the California area, and you've also noticed that that is a real problem in that area, is that correct?

Judge HANLON. That's correct. Yes, sir, Mr. Chairman.

Chairman FORD. Mr. Stark?

Mr. STARK. Thank you, Mr. Chairman.

Judge, as the chairman and I are not lawyers, I want to ask some questions that I'm sure will seem rather naive. But we—the Federal Government now has to approve, in effect, interstate compacts, but we have no enforcement rule at this point, is that correct?

Judge HANLON. That's correct.

Mr. STARK. Local judges tend to be less concerned about State rights, and, perhaps, this is truer on the west coast, but the Chair is aware that many of our colleagues in this community are very jealous of this State's rights issue.

Are we apt to run into that in State law among State judges? Are they going to feel that we're treading on their toes? Or do you think it's going to be kind of universally considered as helpful?

Judge HANLON. Mr. Stark, and Mr. Chairman, my observation would be, I believe, the courts would welcome it. And I would be willing to take that to the National Council of Juvenile Court Judges this summer, and make that inquiry. But I think by and large the sensitivities and sensibilities of the judiciary have been

raised to the problem of foster care and permanency planning by 96-272, and the implementation of various States.

I believe that you would run into a problem in the various State Departments of Social Services. Each State is different.

For instance, the State of Missouri Department of Social Services comes under the Governor. The Governor is the chief administrative officer of the Department of Social Services, interestingly enough. And each State is different

Chairman FORD. Why does that problem exist though, Judge? Why is it that States can't fully cooperate with the placement of these children?

Judge HANLON. Well I imagine, Mr. Chairman, it's because of their case loads, and receiving a child from another State is low on their priority when they're dealing with the children who are their own and not kids that are from California, or from New York, or from wherever they are. They're perhaps returning to the Midwest, the South, somewhere where there's an extended family.

Mr. STARK. I guess the case work is frequently——

Chairman FORD. Under the Federal law, do we provide the financial incentives for the States to respond?

Mr. JENSEN. Not directly on the question of how fast they do it. I'm not aware of any Federal guideline.

Chairman FORD. So it's case load, dollar amount under the Federal law in the 96-272. But they provide the funds that I believe, for the incentives that are there, right?

Mr. JENSEN. They are incentives, but one of the problems since the 1980 act has been the fact that there's been cuts in the Federal funds for title XX, and really not too much increase in the other earmarks; one for child welfare services.

Mr. STARK. Mr. Chairman.

Chairman FORD. Mr. Stark.

Mr. STARK. You made reference to a group of juvenile court representatives from around the country who have an association or meet——

Judge HANLON. Yes.

Mr. STARK. If they could outline for us a procedure which they think would be useful for us to enact into Federal law, I am sure that the chairman and certainly I would like to introduce that kind of legislation. You're familiar with the old adage, "if it ain't broke don't fix it." But if we had judicial representatives from a broad spectrum of States who would agree on some procedure it would be very helpful to us in planning some legislation that might expedite those cases. At least this would help us overcome some of the objections; the State rights objections that I'm sure we would run into in creating such legislation.

If you would please forward that on to the committee I would deeply appreciate it.

Judge HANLON. I'd be happy to, Mr. Stark.

Chairman FORD. I'd like to associate myself with the remarks that were made by Mr. Stark, and let you know, Judge, that we will be more than happy to review the legislation—review the proposal. And probably, and more likely, introduce legislation. And at such time——

Judge HANLON. Thank you, Mr. Chairman.

Thank you. The rest of my remarks will be typed and presented to the committee.

Chairman FORD. And they will be made a part of the record, Judge.

Judge HANLON. Thank you very much.

[No further statement was received.]

Mr. STARK. Did your counsel want to add any comments?

Ms. CLAY. No; I don't have any comments.

Mr. STARK. Thank you very much.

Chairman FORD. Thank you very much.

Our first panel consists of Loren Suter, California deputy director of Adult and Family Services, and Helen Knudson of the Alameda County Foster Care Department. She's director. And Elsa Ten Broeck, administrator of children's services for the Department of Social Services, San Mateo County.

In the absence of any orchestrated presentation I'm sure that you—we would just ask you to proceed in the order you appear on our witness list, which would be Loren Suter, and then Helen Knudson, and then Elsa Ten Broeck. But if you have some other order that's among—you've set among yourselves you can proceed in any fashion.

STATEMENT OF LOREN SUTER, DEPUTY DIRECTOR, CALIFORNIA ADULT AND FAMILY SERVICES, SACRAMENTO, CA

Mr. SUTER. Thank you, Mr. Chairman. I'm Loren Suter, deputy director of the department of social services.

The three questions that I was asked to address were what has California done to implement Public Law 96-272. Why do we believe that we can certify under section 427 of title IV-B, and what changes would we like to see made to Public Law 96-272.

Very quickly, the action that the State took to implement the law was to pass Senate bill 14, assembly bill 3070, and assembly bill 2695.

The legislation was passed in the two phases that were provided for in 96-272, and on October 1, 1982, family reunification and permanent placement programs were implemented.

On October 1, 1983, the emergency response and family maintenance programs were implemented.

We've provided training to county managers and staff, and then again followup training with more case management emphasis after that.

We've also performed a statewide case review. We've reviewed over 1,200 cases throughout the State for the family reunification and permanent placement programs to determine the level of compliance by the county welfare departments in implementing the law.

We continue to provide technical assistance to the counties. For example, in Los Angeles County we have two staff that we have assigned full-time to assist Los Angeles in problems and difficulties that they've had in implementing the law.

There was also work with the judicial council to produce—and the county welfare departments, to produce a videotape to be used

as training to instruct juvenile court judges along with county welfare department staff.

The reason that we believe that we are in a position to certify under section 427 A and B of title IV-B of the Social Security Act is that we've implemented a case review system, and it's in operation statewide. The juvenile court is required periodically to review the case plan, and to determine if the child is placed in the most familylike setting.

Each child receives a review at least every 6 months to evaluate the continuing need for and appropriateness of placement in compliance with the case plan; progress made toward resolving problems that necessitated the placement, and to project a likely date for return home, or an alternate permanent plan.

Also, each child is the subject of a dispositional hearing within 12 months of court-ordered placement which determines whether or not the child may return home, or is likely to be returned home within the next 6 months.

And if a return home does not appear likely then the court considers a permanent plan for the child.

California, by statute and regulations, has also implemented the family reunification program which is designed to return the child home whenever possible, and to arrange adoption or guardianship if not possible; provide the child with a placement as stable and familylike as possible.

We've also conducted a statewide information— implemented a statewide information system, and it's in operation, and it provides all the information that is required under Public Law 96-272.

We've also performed an inventory of all the children that are in foster care, and any who were in foster care from 6 months prior to the inventory.

We've also implemented the preplacement preventive services to try to prevent the initial removal of children from their homes.

Although we have had some difficulties, and we do not have 100 percent compliance in the State with the provisions of Public Law 96-272, there is nothing at this point that the State of California would want to propose that we change.

Thank you.

[Mr. Suter submitted the following:]

TESTIMONY FOR CONGRESSIONAL HEARING, OAKLAND, APRIL 16, 1984

I. Actions by California to implement PL 96-272:

(1) SB 14 (Chapter 978:82) and AB 3070 (Chapter 1229:80) were enacted as state enabling legislation to implement the case review and services provisions and the client inventory and information system, respectively, mandated by PL 96-272.

(2) SB 14 regulations were adopted in two phases, consistent with 96-272 timetable: Family Reunification and Permanent Placement, effective 10/1/82, and Emergency Response and Family Maintenance, effective 10/1/83.

(3) Training for county managers and staff was given prior to the effective date of each phase of the regulations.

(4) All County Letters have been disseminated to provide policy direction to counties on issues which have arisen during the implementation of SB 14/PL 96-272.

(5) Follow-up training with more case practice emphasis was given to county staff, trainers and supervisors.

(6) Statewide case review of the implementation of Family Reunification and Permanent Placement was conducted and counties were notified of the results and required to take corrective action steps. A statewide review of the implementation of Emergency Response and Family Maintenance is underway.

(7) Practice manuals were developed by the state, used as country training tools and provided to each training participant.

(8) Technical assistance continues to be provided on an individual county basis to aid counties with problems specific to that county in implementing SB 14/PL 96-272.

(9) Department of Social Services (DSS) has worked with the Judicial Council to produce a video tape and accompanying workbook to be used as a training tool to instruct juvenile court judges in the changes in court review requirements and procedures.

(10) DSS continues to work with Judicial Council staff to ensure consistency between the requirements of PL 96-272 and juvenile court instructions.

(11) Adult and Family Services Division maintains ongoing liaison with the County Welfare Directors' Association to identify problem areas and reach mutually acceptable resolutions.

(12) Implementation of the Foster Care Information system includes:

(A) A statewide inventory of the status and location of each child in foster care.

(B) A system is in operation to collect updated information and any change in the status of each child in foster care.

II. As a result of the actions taken, California is able to certify compliance with PL 96-272, Title IV-B, Sections 427 (a) and (b) because:

(1) A case review system is currently in operation under state supervision and includes the following protections:

(A) The juvenile court periodically reviews the case plan to determine that the child is placed in the most family-like setting in close proximity to the home consistent with the best interest of the child.

(B) Each child receives a review at least every six months to evaluate:

(i) continuing need for and appropriateness of placement;

(ii) compliance with case plan;

(iii) progress made toward resolving problems necessitating placement; and

(iv) to project a likely date for return home or for an alternate permanent plan.

(C) Each child is the subject to a dispositional (Permanent Placement) hearing within 12 months of court ordered placement which determines:

(i) whether or not the child may return home or is likely to be returned home within the next six months.

(ii) if return home does not appear likely, then the court considers a permanent plan (in priority order) of adoption, guardianship or a stable, long-term foster care placement and makes orders to carry out the plan. (427(a)(2)(B), 427(b)(2))

(D) Parental rights are protected by court procedural safeguards and in the review of each case every six months. Parents may protect their rights when a child's placement or the parent's visitation privileges are changed by requesting a court hearing. (427(a)(2)(B), 427(b)(2))

(2) California, by statute and regulations, has implemented the Family Reunification program designed to:

(A) Return the child home whenever possible or

(B) Arrange, if possible, adoption or guardianship or

(C) Provide the child with a placement as stable and family-like as possible. (427(a)(2)(C), 427(b)(2))

(3) A statewide information system is in operation which can provide all the information mandated by PL 96-272 for each child in foster care or any child in foster care for the preceding twelve months. (427(a)(1)(A))

(4) An inventory has been conducted of all children in foster care and any who were in foster care six months prior to the inventory. For each child a determination has been made regarding the appropriateness of and continuing need for placement; the services necessary to return the child home; or, if the child cannot be returned home, a permanent plan of adoption or guardianship has been made. (427(a)(1), 427(b)(1))

(5) Preplacement preventive service programs (Emergency Response and Family Maintenance) are in place in California. The programs are designed to enable children, where possible, to remain safetly in their homes with the provision of services to alleviate the problems which, if unresolved, might necessitate placement. (427(b)(3))

III. California has no suggestions for changes to facilitate the implementation of PL 96-272.

STATEMENT OF SYLVIA SMITH, DIVISION DIRECTOR, CHILDREN'S PROTECTIVE SERVICES, SOCIAL SERVICES AGENCY, ALAMEDA COUNTY, CA

Ms. SMITH. I'm Sylvia Smith. I'm a children's services administrator for Alameda County, and I'm representing Helen Knudson at this time.

I'm honored to have this opportunity to testify today on the implementation of Public Law 96-272, and its effect on the foster care system.

Although it is too early to tell if all the aspects of this legislation will produce——

Chairman FORD. Pardon me. The Chair sees someone in the back saying they can't hear.

Mr. STARK. Talk into both of them. Try that.

Ms. SMITH. And if I can move up a little bit.

Although it is too early to tell if all aspects of this legislation will produce the desired results for children in foster care, from my perspective as a children's services administrator, I view it as a positive direction in the provision of children's services.

As you are aware, the state of the economy has had a significant impact on the ability of both public and private social services providers to meet the needs of families who have become a part of this system. Since this law provides for services not only for children who have entered foster care, but also services to families to prevent the need for placement, the reduction or elimination of community support services previously financed by Federal dollars has had an adverse effect on the ability of the county welfare departments to fulfill the legislative intent with respect to children involved in the foster care system. The strong linkages we formerly maintained with such vital services as those offered by community mental health and nutrition programs have been weakened by the severe funding limitations imposed on these programs. Many other public and private resources upon whom we depended to provide supportive services to these families no longer exist, or cannot serve the growing number of families and children in need of their specialized assistance. While we have worked closely with private organizations through the auspices of United Way, and have developed a network among representatives of the private and voluntary sectors in our effort to mutually identify needs and integrate services, we recognize that neither private providers nor private organizations are in a position to subsidize all of the unmet needs of this high risk population.

In the past 10 years reports of suspected child abuse and neglect in Alameda County have risen dramatically from 123 children reported in 1973 to 4,848 reports received in 1983. Because of the steady reduction in recent years in public and private supportive and preventive services, family situations are now more serious when county welfare departments are called upon to intervene. In the past 2 years the degree of severity has increased in reports of physical abuse, and the number of children reported to be sexually abused has doubled. In the first quarter of 1984 the total number of referrals received in Alameda County increased by 26 percent over the number received in 1983. The number of children requiring

court intervention to establish protective custody increased by 74 percent.

Since the foster care system is a part of a continuum of all child welfare programs, it cannot be viewed in a vacuum; conversely, in areas of financial eligibility, foster care should be treated as a unique program in order to acknowledge that many of these children have specialized needs. For example, two areas that severely impact children in the foster care system at the Federal level are the regulations regarding MediCal and AFDC. Since these programs make no distinction between children who are economically disadvantaged, as opposed to those children who are also at risk, full consideration has not been given to how cutbacks in these programs might have serious implications for children in foster care.

Although the full impact of Public Law 96–272 and S.B. 14 is not yet known in Alameda County, current indications are that the expectation of reunifying more families and establishing more permanent placements for these children who cannot return to their families is possible over time. Despite the fact that our service dollars have been continually decreasing, and our number of service contacts have been on the rise, this legislation provides a basis for focusing our efforts, and for insuring that each child is treated equitably.

The concept of block grants to the States fails to address the increased need for services that we are experiencing in Alameda County. Public Law 96–272 envisions child welfare as a unique service. It is, but it must be adequately funded in order to succeed.

Thank you.

[The following was subsequently received:]

ADDENDUM

In response to a panelist's question at the subcommittee hearing on April 16, 1984, consideration should also be given to providing AFDC Federal eligibility for children in foster care who have legal guardians. PL 96–272 stresses guardianship as one solution to securing a child's permanent placement, yet Federal funding is not available to persons who have assumed guardianship responsibilities. Since each State has the option of approving State reimbursement to guardians, persons who assume these responsibilities experience difficulties when planning to move to a State which does not provide payment. Mandating Federal funding in this area would be consistent with the intent of the law and acknowledge guardianship as an appropriate alternative for children requiring a permanent living arrangement.

Chairman FORD. Thank you. Ms. Elsa Ten Broeck.

STATEMENT OF ELSA TEN BROECK, ADMINISTRATOR, CHILDREN'S SERVICES, DEPARTMENT OF SOCIAL SERVICES, SAN MATEO COUNTY, CA

Ms. TEN BROECK. Thank you. My name is Elsa Ten Broeck. I'm the administrator of children's services for the County of San Mateo.

San Mateo County began in 1977 a demonstration program called the Family Protection Act for the State of California. The major principles of the Family Protection Act were then incorporated in Public Law 96–272 and S. 14. As a result, our county has the unique position of having had 7 years experience in contrast to what both Sylvia and Mr. Suter were commenting on.

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The comments I'm going to make are based on that 7 years experience in terms of our view of what works and what hasn't worked.

Just very briefly, because it's put into my written testimony, the primary benefit of a program like FPA, and certainly incorporated in 96–272, is the emphasis upon concrete services being available to families as soon as they enter the system.

More importantly, from our perspective, the changes came due to the judicial limits on out-of-home placements, and, of course, the permanency planning.

What I'd like to address my brief time to are the very serious problems that will be coming down the pike for the rest of the folks that haven't had the luxury of the past 7 years that we have.

No. 1, as Sylvia indicated, the number of cases in California is climbing alarmingly. I think that's directly related to the emphasis placed upon—both statewide and federally—the problem of child abuse and neglect. I think it reflects the economic times. The only one statistic—having done a lot of research in this area—that we can link to child abuse is unemployment. We have seen what's going on in this country, and I think that directly reflects it.

Unfortunately, this program demands varying types of services, and county welfare departments are now going to decide whether we are going to go out and assess laws for protection of children or are we going to meet the mandates of the law, and provide intensive in-home services.

The choices, to be honest with you, are going to be determined by things like liability. If we do not assess cases we become liable. Having spent a lot of time around the State, what I find is that we are bringing children into the system, but we are not doing what is mandated by Public Law 96–272 because we do not have the resources to do it, which is my second issue, and that is staffing.

Because of funding issues, at least in the State of California, we face the very real problem of not being able to pay for actual cost. The reality is that counties mandated by legislative bargaining, employee bargaining laws, are, in fact, taking money from programs to pay for cost of living increases for their staff.

Whether we like it or not that is reality. It is directly related to the problems of funding, and particularly block grants. I appreciate your support to try and deal with that because as long as we cannot pay for the actual cost of these programs we will not implement your law, and I'm not here to tell you that we are.

No. 3, and this is really a reflection of San Mateo's 7-year experience, I question preplacement services. I do this reluctantly, but I say to you that we were well funded; the State was very generous to us. We had large amounts of services for families, and what we have found was in the serious cases of abuse and neglect, sooner or later a number of these children ended up in foster care even with the provision of services.

I respectfully disagree with Judge Hanlon. I think that reunification does work. I think we do a better job over the long run of providing maximum changes in families for children that will be sustained when we have to withdraw our services, rather than trying to pour them in at the beginning. That's a very personal reflection which I know is disagreed with mostly throughout the State and

the country, but I do ask you to recognize that we've been doing it for 7 years.

My final concern is also something that reflects having been further along in the process, and that is permanency planning. The reality is, in most cases, children are not adopted. In San Mateo County it's somewhere around 29 percent.

Of the other children—I'm only talking now of the children that don't go home—of the other children, 71 percent of them went into either guardianships—40 percent—or long-term placement. We are now 7 years in, and what we are seeing are children who at 3 and 4 were cute and attractive but now as adolescents they are surly, they're rebellious, and people are turning to us and saying "these are your kids."

My plea is, to sum up, that if there's one recommendation I'd like you to hear, that's regarding legal guardianship. Legal guardianship is not a Federal funded program. California is a State that does support it through AFDC-FC for State only.

If you move from the State your ability to continue to get funding for this program is unlikely.

Recently I had a family that moved to Alaska, and now wants to return the child to us. This was a case plan for a legal guardian that's supposed to be the best plan next to adoption.

We need to develop a Federal program similar to Aid to Adoption, which came with 96-272. We need to eliminate social workers from these families' lives. The more we go out and visit these folks the more we're giving the message these really aren't your kids, these are the system's kids, and when you get tired of them you can turn them back.

And, gentlemen, what I'm afraid of is that you're going to see that Public Law 96-272 has just created a great big circle, and we return to the original problems of foster care, long-term drift, multi-replacements for adolescent children.

Thank you.

[The prepared statement follows:]

STATEMENT OF ELSA TEN BROECK, ADMINISTRATOR, CHILDREN'S SERVICES, DEPARTMENT OF SOCIAL SERVICES, SAN MATEO, CA

In 1977, the State of California implemented a demonstration program called the California Family Protective Act (FPA) in San Mateo and Shasta Counties. FPA served as the forerunner of PL 96-272 and Senate Bill 14 (Presley), California's statute which implements PL 96-272. FPA mandated preplacement services, 6 month judicial review, and permanent placement hearings; mandates that are incorporated in PL 96-272 and SB14. This testimony discusses San Mateo County's seven year experience implementing these aspects of PL 96-272. It is hoped that the FPA experience can be used to identify what has been positive, as well as to what created problems, in order to minimize those problems during the implementation of PL 96-272 and SB14.

BENEFITS OF FPA

Services

FPA mandated specific services to prevent out-of-home placements, to reunify families, and to develop permanent placements for children who could not be reunified. Over the seven year Project, San Mateo provided a wider range of services to families. The following services contributed most significantly towards achieving the mandates of the law:

In-home services for families; including in-home caretakers, homemakers, and house keepers;

Day care services for children;
Respite care for children;
Parent education classes for parents;
Psychological and psychiatric evaluations for children and parents; and
Specialized counseling services for sexually abused children and their parents.

FPA provided a wide range of counseling services for parents who neglected and physically abused their children. Although these counseling services were beneficial for individual cases, it is our conclusion that their overall effect (in comparison to cost) were not as beneficial as the services identified above. Generally in cases of child abuse and neglect, counseling for parents is routinely provided to deal with the significant psychosocial problems that exist in the families. The FPA experience showed that this type of services had minimal effect in changing the families' basic child rearing patterns. Services which did create change were usually concrete in number, such as homemakers, or in-home caretakers, or provided a direct service to the child such as day care or respite care. San Mateo County's experience also showed that the services of psychologists and psychiatrists to evaluate psychosocial functioning of parents, particularly in cases where legal evidence was needed to free children for adoption, were more beneficial than on-going counseling services.

Judicial Limits on Out-of-Home Placement

The legal standard which restricted initial placement and legal time limits in the length of out-of-home placement were key elements in reducing the number of foster care cases in San Mateo (a 32% reduction from 1977–1981), as well as in reunifying families. The law removed discretion from both social workers and the Juvenile Court; a change which results in a consistent foster care policy that was applied to all families irrespective to their individual situations. Unless there was: 1. a demonstrated physical danger to the child; 2. existing emotional change, or; 3. the parent was unwilling to care for the child, and removal could not occur, and no child (irrespective to the reason for removal) could remain in placement beyond the time limits set in statute. Parents were informed of these legal limits at the time of initial removal, and they were reunified at each subsequent court hearing, or case review. The Social Service Department was expected by the Court to develop specific plans to reunify the family and was equally responsible as the parent to demonstrate to the Court that it had made a good effort to reunify the family. The specificity of plans and legal time frames in and of themselves often change for the parent. Faced with expectations and a time frame in which to meet thse expectations, many parents who otherwise may have drifted through the system in fact achieved the goals set and reunified with their children. 72% of FPA families were a placement occurred were reunified between 1977 and 1981.

Permanent Placement Alternatives

FPA law mandates permanent placement plan for children who have been in out-of-home placement 18 months. The law mandates adoption as the first choice for permanency followed by legal guardianship, and in last resort long-term placement. The state Civil Code statute that terminates parental rights was amended to allow termination based on: 1. the length of time a child has been in out-of-home placement; 2. that services were provided to the family and were unsuccessful; and, 3. that termination was in the best interest of the child. Prior to FPA it was extremely difficult to terminate parental rights unless a parent abandoned a child, or was severely mentally ill. The change in the civil code recognizes children's need for permanency and a stable home, thereby balancing the needs of the child with the rights of parents to receive services and maintain a parental relationship. Since 1977, FPA has terminated parental rights of 111 children, 90% of whom have subsequently been adopted. More frequently, particularly for older children, legal guardianship has been established with the caretaker who provided care after the child was removed. Legal guardianship gives full custody of the child to the child's caretaker, but does not remove the parent totally from the child's life. For those children who have active ties with their parents, legal guardianship allows permanency, but maintains that tie. The alternative of long-term placement is utilized for those children who are not adoptable, and do not have a relationship with an adult that can be converted to a guardianship. These children are generally older and have significant problems of their own. This alternative is a poor compromise at best since these children are usually the children who are least served by the foster care system to begin with.

PROBLEMS ENCOUNTERED IN FPA

Protection versus Intensive Services

FPA mandated preplacement services to prevent out-of-home care. Services were provided at the time of crisis and required intensive staff effort. It was not unusual during the first three years of FPA to provide daily, and often 24 hour services to families to maintain the child at home. Rather than remove the child, staff moved into the home. This level of service required limited caseloads, and resulted in a substantial narrowing of the type of children's services cases that were accepted for services in San Mateo County. Intensive services were provided only to those families at highest risk to removal. Familes which perhaps had greater potential for change were refused service because of the mandate to prevent removal rather than to prevent child maltreatment.

By 1982, the community began to resist the emphasis on intensive service to a small number of families and insisted that the agency begin to meet its primary mandate of assessing and protecting children. In 1982, San Mateo County shifted its emphasis from intensive preplacement and reunification services to provision of face to face assessment on all reports of abuse and neglect. This shift in emphasis resulted in an increase in intake referrals due to the increased community expectations for response. Since 1982, Children's Services intake has increased 22%. The expectation that staff will respond to an ever increasing unending intake demand has resulted in less time, and service for intensive efforts to prevent placement. Along with an increased intake, the severity of the cases has increased. In 1977, 24% of the cases referred were due to physical and sexual abuse. In 1983, that percent had increased to 39%. The shift in emphasis from intensive services to protection of children is an increase in foster care cases. We believe this is the result of an increased case of foster care by staff in intake. In 1981, 203 children were admitted to shelter care, compared to an increase of 301 children in 1983 (approximately 50%).

Staffing Issues

In order to meet the mandates of PL 96-272 and SB14, County Welfare departments must be adequately staffed. With increasing caseloads and increasing expectations for services, departments are unable to meet both the demand for protection and the mandates for intensive services. Since 1981, the State of California has refused to allow Counties to be reimbursed for cost of living adjustments on staff salaries. The lack of State COLA's is directly related to the lack of federal financing available to the State to fund these increases. Yet, Counties are mandated by State Legislation to participate in collective bargaining with employee organizations. Since County COLA's are set for all County employees, it is impossible to set a separate COLA for those employees in programs that are funded by state and federal funds. As a result of this dilemma, SB14 is estimated to be underfunded approximately 20% (the amount of funds Counties have had to use to fund COLA's not covered by state and federal funds). Underfunding results in increased caseloads for many Counties; a fact that futher prevents the provision of intensive services. In San Mateo County caseloads have been manageable at 25 children/worker for family reunification/family maintenance cases, and 35 children/worker for permanent placement cases. However, there is no ability to increase staff to meet the increase of new intakes that began in 1982. In the past 6 months, we experienced a 45% increase which has begun to increase all of the caseloads. If this trend continues, San Mateo County will shortly be dealing with caseload sizes that in and of themselves prohibit meeting the mandates of PL 96-272.

Preplacement Services

The one aspect of the FPA program that we must consider of questionable success is the preplacement service program. FPA mandates, as does P.L. 96-272 and SB14, that preplacement services must be provided prior to the removal of a child. In the first three years of the program those services were provided to families on an intensive basis, 7 days a week, 24 hours a day. After the third year, however, the agency began to shift its emphasis and become more conservative about the amount of preplacement services it provided to families. This shift resulted from experiences over time where families were unable to sustain gains made after intensive services were withdrawn. As the number of years in the Project increased, children who were initially kept at home with services eventually entered the foster care program. From 1977-1981, the recidivism rate for FPA cases was 5% which is quite low compared to other studies. However, the definition of recidivism was kept very narrow; unless there was a subsequent court action in a case it was not counted as recidivism. Therefore the cases that did re-enter the system were very serious inci-

dents of abuse or neglect which occurred after the provision of extensive intensive services.

Staff also utilized initial removal of the child to gain control of a family situation experiencing the amount of resistance and non-productive time spent working with families when the child remained at home. It is the experience of San Mateo that changes in family functioning (where there is a severe child abuse) generally occur more quickly, and are sustained over time when the child is initially removed, rather than left at home.

Permanent Placement Issues

Since 1979, San Mateo County has been developing permanent placement plans for children who were not reunified with their parents. 20% of the FPA children were placed in a permanent alternative home. Legal guardianship was the primary permanent plan (40%) followed by long-term placement (30%), and adoption (24%). Because most of the plans do not involve an alternative legal parent, what we have experienced as the result of permanency planning is the creation of a group of children who are being raised by the social service system.

Serious problems in these placements are beginning to occur as the children reach adolescence and face emancipation. The difficulties of adolescence are magnified when the adolescent is placed in a home situation which can be terminated by returning the child to the County. Legal guardianship and long-term placements tend to be terminated when a child who was cute and responsive at age 7 or 8 becomes surly and out of control at 14 or 15. Because the parent has been ruled out as an alternative, the child reverts back to the foster care system, and many of the problems that initially created FPA and PL 96-282—i.e. foster care drifts, multiple placements, reoccur.

Funding problems for legal guardians create another problem. In California, legal guardians are funded through a state supported AFDC-FC program. Under federal regulations legal guardians are not eligible for federal participation. This lack of federal funding creates a disadvantage for this type of permanent plan, which is appropriate for a large number of children. If a child is adopted there is generally funding through the Aid to Adoption Program (AAP), and the social service system steps out of the family's life. In California guardianship is funded by state funds and there is a mandate for six month home visits by a social worker. These visits give a clear message to both the child and the guardian that the ultimate responsibility for the child rests with a social service agency. When problems arise the guardian expects the agency to step in and take over. This approach seriously limits the permanency of such placements. Federal exclusion of funding for legal guardians is in direct conflict with the mandates of PL 96-272.

RECOMMENDATIONS

1. In order to succeed, PL 96-272 must be fully funded. Federal funds must include a mechanism to allow for cost of living adjustments. Funding must also include increased allocations to meet increased caseloads in Children's Services agencies.

2. Agencies must be funded at a level that will insure adequate staffing to respond face to face to all reports of child maltreatment, as well as to provide the intensive services, mandated by PL 96-272.

3. Recognition must be given that not all families can benefit from preplacement services. Emergency removals into short term foster care (known as shelter care in California) should be allowed in cases of severe physical abuse, sexual abuse, or life threatening neglect in order to protect the child and to initiate services to the parents while the child is protected.

4. Legal guardians should be eligible to receive financial assistance for the care of hard to place youngsters in the same manner as children placed with adoptive parents. A federal financed program such as AAP should be available to legal guardians.

Chairman FORD. The 71 percent—you mentioned 29 percent only—29 percent of the 100 percent are adopted.

Ms. TEN BROECK. Yes, let me go back, sir.

Chairman FORD. AFDC medicare as well though when they are placed in the guardianship of——

Ms. TEN BROECK. Yes, sir, at least in California they are eligible, but that's because our State supports the program. It is not a federally funded program. So if the individual State——

Chairman FORD. What part was that, federally funded?

Ms. TEN BROECK. The AFDC-FC grant in MediCal.

Chairman FORD. Well, medicaid——

Ms. TEN BROECK. No, MediCal, I believe, is a federally funded——

Mr. STARK. Medicaid is MediCal here.

Ms. TEN BROECK. It's MediCal here. I'm sorry. But the—what—they continue to receive the foster care funding, and these are difficult kids. They need that support in the same way that adoption does.

Does that answer it?

Chairman FORD. Yes, it does. I'm really concerned about the numbers that you use. You're speaking of the 29 percent in the State of California.

Ms. TEN BROECK. No, sir, I'm speaking for San Mateo County. And I'd like to clarify that we serve about 2,000 children, and of those, the majority of them are at home. OK. So I'm only talking about the small population for which there was permanency planning.

In other words, the majority of the children we serve were reunited with their parents, but you take out the population that went to permanency planning, which out of 2,000 children was 147, which is why I argued that reunification works.

But of those 147 children, they aren't adopted. This is not an adoption law. That's one of my frustrations. When you talk——

Chairman FORD. That's in the 96-272?

Ms. TEN BROECK. Yes.

Chairman FORD. If they are adopted the health coverage is provided.

Ms. TEN BROECK. That's right.

Chairman FORD. Now are you saying that under the guardianship they——

Ms. TEN BROECK. That's right, it's a State program, not Federal program.

Chairman FORD. It's a State program, OK.

Ms. TEN BROECK. Legal guardians are excluded by Federal regulations from AFDC. The irony is you are mandating us to place these children, if not in adoption where you give us funding, then with the legal guardianship.

And I'm saying to you that if you fund it the same way, let us get out of their lives, I don't think we'll get as many of them back into the system.

Chairman FORD. What about the physically and mentally handicapped children? Are they protected under the 96-272, I believe?

Does this apply to that percentage you were using a minute ago, the 29 percent?

Ms. TEN BROECK. Yes. The mandates of the Federal law are simply a permanency planning hearing. The State of Calfornia mandate, which was adoption first, guardianship—which would be most secure—and long-term placement. Most of our developmentally handicapped children unfortunately are in long-term placement

because people are not willing to make a level of commitment that is needed without the assurance of subsidies.

Chairman FORD. But they are provided these benefits then?

Ms. TEN BROECK. Yes, sir, if you remain under long-term placement you are, but that's just foster care. Don't kid yourself. It's not a solution.

Chairman FORD. Mr. Stark.

Mr. STARK. Well, I find myself backed into the corner of asking questions dealing with foster care, which is really what I would like to see disappear. But with the horror stories coming out—I guess my concerns could be summarized this way, and I ask Mr. Suter to respond. The adult and family services department has the responsibility for foster group homes. And the State, I know, can move quickly if they want to close the facility, but their tendency has been over the years to—rather to bring the homes into compliance rather than close them.

I presume that that is not through misguided disinterest in the children, but just because we need the home.

Also there seems to be a tremendous interest in the for-profit group homes in the physical structure of the home, the square footage, and the number of windows, and the number of johns, and the height of lavatories, and all that. But the State also opposes, or has opposed, training programs for the workers in the homes.

And the interesting thing is that there is only limited training programs for foster care parents. I don't know what we do here in Alameda County. Ms. Smith, you can comment on that.

One serious problem it seems to me is that foster parents have no particular experience in handling special needs children even though they get extra money for handling special needs children. Should the people who handle them have some kind of higher qualifications or standards?

I think those are my concerns. As I said, I would rather see foster homes phased out, but I'm not sure that's a very realistic goal.

I know the man Mr. Suter, works for. He is known to us in Washington as having the heart of a doberman pincher, and the mind of a pirhana fish. He was single-handedly responsible for cutting 25 percent out of title XX. I hope he is not going to be as successful in ruining California's social services.

And I don't mean to implicate Mr. Suter, who has a long reputation as an outstanding professional in his field, but we all have to tolerate people who have different opinions.

What are we going to do about the foster care problems? Are my concerns valid, or am I just way out of line?

Mr. SUTER. Somewhere in between.

Mr. STARK. Now I know why he's a professional.

Mr. SUTER. For the record, my superior is a woman.

Mr. STARK. Not David Swope.

Mr. SUTER. No, it's Linda McMahon.

Mr. STARK. OK.

Mr. SUTER. I think the concern over our—how rapidly we are able to close a group home, or a foster care facility, depends a great deal on the severity, the difficulties, or abuse, or whatever has taken place within the facility.

There is also we have to deal with due process of law whether we like it, or whether we don't. So it's not always that simple.

Mr. STARK. Then why would the state have opposed the qualifications bills which would have put tighter personal qualifications on the personnel and the operators?

Mr. SUTER. I'm not sure which ones you're referring to.

Mr. STARK. Well, I've been led to believe that your department has opposed the State laws that would require strict standards, or stricter standards, for personnel working in these homes, or operating them. They haven't?

Mr. SUTER. Not in recent years. Not at least in the last couple or three.

I think that one thing that the State has done within the last couple of years is we have created some—passed some legislation which created a foster parents' training fund, which until recently did not—well, it was a complicated funding, and it's kind of like 96-272.

But we finally do now have some money in the fund. And it's to be set up, and we are going to be working with our community college system to establish foster parent training curriculum statewide.

Now, whether we're going to end up with sufficient money in there to do what we really would like, I'm not sure, but at least we finally have some money in there to start working with.

But I think there is a concern by the State of California, and the Governor's Office, with the qualifications of foster parents.

Mr. STARK. Ms. Smith, I wonder if you could tell me what—or how adequate the access to the court, or some kind of appeal process, is for the foster children.

A lot of your kids are over 12?

Ms. SMITH. Right.

Mr. STARK. That, in my book, is very much more adult than most of us adults recognize.

Kids are unhappy about their lives, where they're placed. And that can easily be dismissed as complaining kids.

But how does a kid get a review. If the child is unhappy with the recommendations of the service, or doesn't like the home, or the living conditions, what can they do and how do you find out about that, and what kind of procedure do we have here in Alameda County for giving the children some ability to complain?

Ms. SMITH. It happens in a variety of ways, and really depends on the assertiveness of the youngster.

No. 1, each one of them has a social worker assigned to them. So I would hope that their complaints would come to the social worker. But in my experience——

Mr. STARK. And social workers should also automatically be the advocate for the child?

Ms. SMITH. That's right.

Mr. STARK. Is that the way the system tends to work?

Chairman FORD. Do you find that to be the case?

Ms. SMITH. In many instances, yes. In some counties in this area we have a guardian ad litem program. We do not have one in Alameda County. But that is another program that provides an advo-

cate—a specific person who speaks only for that child. And it's sort of an objective representative.

Mr. STARK. But that is not the case worker?

Ms. SMITH. No, it is not a case worker. It's a—generally a volunteer who is assigned by the court to specifically represent a particular child.

Chairman FORD. If you don't mind, Mr. Stark. How often would that person, the volunteer, see that child?

Ms. SMITH. Because they normally only have one child they can see that child as often as they like.

Chairman FORD. How often within a week?

Ms. SMITH. Once a week, sometimes two or three times a week. It depends on——

Chairman FORD. Is that average, what I was saying, would you say?

Ms. SMITH. I would think so, yes.

Chairman FORD. You may proceed.

Ms. SMITH. I started to say, in my experience, having worked in a shelter with children, and particularly in Alameda County, kids had real access to the courts. If they wrote a letter to the judge indicating their concerns the judge would respond to that; would ask that youngster about their feelings in court. So that kind of access was available to them.

Mr. STARK. Thank you.

Chairman FORD. So you're saying that that child could write the judge, and could meet with the judge.

Are they given access to——

Ms. SMITH. Pens and paper, and all that?

Chairman FORD. I suppose. But there would have to be a procedure that they would have to go through to write to the judge. The caseworker would have to carry the letter, the message to the——

Ms. SMITH. It's not that difficult.

Chairman FORD. It's not that difficult.

Ms. SMITH. In our facility, or in Alameda County, kids have access to writing materials. They're not locked up, number one. They can post their letter; give their letter to any one of the staff there; or put it in the mailbox themselves. That's not difficult.

Chairman FORD. Mr. Stark.

Mr. STARK. I would ask Ms. Ten Broeck and/or Mr. Suter, if they could respond later in writing to this. Regarding the exclusion of funding for the legal guardianship, we have, as you know, under the direction of David Stockman, a man who knows the cost of everything, and the value of nothing, the minute that we suggest that we ought to do something about funding for legal guardianship he'll want to know how much. And it'll be too much, whatever it is.

But it would be helpful to us to have some idea of the magnitude of this. Could you quantify that? So if we decide to broaden the program we'd have some basis on which we could figure out what kind of dollars we're talking about because that seems to be of much more interest to the current administration than the reasons behind it.

And that would be helpful to the committee.

Chairman FORD. I have no further questions, unless Mr. Suter would like to indicate to this committee in the title XX program—are there any highlights, or anything that you'd like to point out that maybe we ought to be doing to strengthen that title XX program?

Mr. SUTER. Well, in California we've had to make some choices with the cuts that we experienced from the Federal Government in the title XX area. Basically all the money that we have in title XX is being directed to children's services, and for in-home supportive services for the elderly.

There isn't—we used to have some programs which we called adult protective services, and adult out-of-home care [INR] which has now really been relegated to a position of not a great deal of funding available for them. So the counties are—provide only what they're able to provide with the small amount of money that we give them.

So I think the title XX at this point has really forced the State of California to make some choices to—really two primary areas that it wants to spend money on.

Chairman FORD. Staff Director Allen Jensen would like to raise a question.

Mr. JENSEN. Miss Ten Broeck, I can't quite remember whether it was you or your colleague from Shasta County, that testified in the hearing out of Los Angeles 4 years ago.

Ms. TEN BROECK. It was me.

Mr. JENSEN. It was you?

Ms. TEN BROECK. It was me.

Mr. JENSEN. As I recall, your testimony is considerably different now than it was then.

Ms. TEN BROECK. Yes.

Mr. JENSEN. Because you were quite enthusiastic about—and had some data which indicated the value of homemaker services, and the in-home caretakers.

Now you're less enthusiastic about that. Is that primarily because you are having such a tremendous increase of the number of reported kids that are being abused or neglected that you're being forced to respond to those immediate kinds of concerns, and you can't deal with the problems of, you know, the so-called concrete services, such as homemaker, in-home caretaker?

Ms. TEN BROECK. Let me just say that I'm 4 years wiser, and less naive, and tired. I think your statement is well taken regarding the increase in intake, and certainly the fact that our department is changing from the status of a demonstration program to a regularly funded program in 1981.

I don't want to minimize what we have experienced, and that we have a very low recidivism rate. We define it very narrowly as reincidence that would require court intervention, and we only have 5 percent.

Every one of those children in the 5 percent had in-home services. A number of them had in-home services; went into foster placement; went home with services and failed again.

That tends to make you begin to look at what are we really doing with this kind of services.

The primary problem for us is with the level of funding that is available—and if I can say anything about title XX, gentlemen, we need a lot more, and I think you know that.

But with the level of services that we have and the demand of intake that we have, and frankly there is a point at which staff reaches and says it doesn't work. Michael Wald, an attorney who is the author of most of this legislation, has said to me, "we get very minimal returns for very maximum input of services."

I'll be honest with you, you get real tired of minimal returns after a while. That may be what I'm reflecting.

But I do think all of those together have raised something that I need to say, being 7 years into this program, and that is I'm not on the in-home services bandwagon I was 7 years ago.

I still think in-home services are important. I don't minimize them. I think we'll keep children home because of that. But I don't think we can absolutely keep them out of foster care.

Mr. JENSEN. Are we faced with a situation then that we've certainly improved the awareness of the community so that there are more cases—that people are turned in for abuse and neglect. So we have intensified the number of kids coming into the system, and that has, therefore, created a situation with reduced funding. That we're, in effect, expanding the foster care population because we've found a better way to get more kids into the system by making more people aware that they can report child abuse and neglect.

Ms. TEN BROECK. I can only speak for San Mateo County. Since 1981 our shelter care population has gone up 50 percent.

Mr. JENSEN. In how long?

Ms. TEN BROECK. From 1981 to 1983.

Mr. JENSEN. What have you got in Alameda County?

Ms. SMITH. In 1981—I am trying to think—our highest census was 152. Last Friday it was 229.

Mr. JENSEN. How about the State?

Mr. SUTER. I think it's significant, or we have done some significant things. It's significant that we have obviously had an increased level of referrals. The child abuse referrals have gone up dramatically over the last few years in the State of California.

However, our foster care caseload, although 96-272 expected all the foster care caseloads to go down, and Washington has been on California's case for our foster care caseload not going down, I think it's significant that it has not gone up. And we've had about a 20-percent increase in our child abuse referral statewide, and the caseload in foster care has stayed pretty level; within a couple of hundred kids, and out of 27,000, that's not too bad.

Mr. STARK. We have had, what, a 10-percent population growth probably—over the decade at any rate?

Mr. SUTER. That's right. Our foster care caseload has remained pretty steady, and I think that is significant.

Chairman FORD. The committee would like to thank each member of the panel for testifying today, and offering their comments, and responding to questions.

At this time the Chair would like to ask to start the next panel.

Mr. STARK. Get the inside scoop, Mr. Chairman. We have a panel. Susan Gambini, who is president of Foster Parents Association; Frank Campos, a foster parent in Alameda County; and Cory,

who is a former foster child; and we have Abigail English who is a staff attorney for the National Center for Youth Law. I think we'll ask for her to join this panel.

Oh, I'm sorry. Ms. English has called in, and will be unable to be with us today.

Do you have a prepared program, or do you just want to go in the order that you show on the witness list?

Chairman FORD. We will recognize Ms. Gambini, I guess, as our first witness.

STATEMENT OF SUSAN J. GAMBINI, PRESIDENT, CALIFORNIA STATE FOSTER PARENT'S ASSOCIATION, INC., VISALIA, CA

Ms. GAMBINI. I'd like to thank you for giving me the opportunity of being here. My blood pressure is up a little bit after listening to a few of the statements that have been made.

I do have a prepared speech, which I have turned in, and I'll put that into the record, and then we'll just kind of ad lib.

Chairman FORD. Your full text will be made a part of the record.

Ms. GAMBINI. And I'm not a professional speaker, so I ask your indulgence.

Basically I think that I would like to clarify that the foster family homes in California that we speak of are generally that—just that. We are families. We're not group homes; we're not small group homes. We are families that have extended our perameters to accept one or two extra children into our home.

We are not professionals in that we don't go to school to learn what we do. But we have day-to-day training.

The State of California Foster Parents Association has made it one of our goals to get the mandated training for all foster homes. In California right now the only training that's mandated is that someone in the family has had some first aid.

We feel that this is totally inadequate. We are at the low end of the totem pole. We have Federal laws which are then implemented by State laws, which then have State regulations to enact the State laws, and then there are county policies to enact those regulations. Those all ultimately impact on our homes.

Consequently, we find that there's a tendency to react to the letter of the law rather than maybe the spirit of the law. And in many cases, too often the legality of an issue becomes more important than what we feel the humanity is.

There are currently 37,000 foster children in California. I received this statistic from the department of social services 2 days ago. Of these children 28,000 are in our homes. There are 12,500 licensed foster family homes in the State of California.

Now, those homes are not all good homes. So you realize there's 28,000 children, and not all homes have children. There are a number of children in those homes.

Foster children's profiles are alarmingly similar to that of hardcore prisoners. They suffer numerous rejections. They have little self-confidence. They have a very low self-esteem. And they are historically underachievers in school. Most foster children are approximately 2 to 3 years behind.

So when we talk about children of 12 coming into a courtroom situation and making their needs known, we're talking about the emotional development of a maybe 9- or 10-year-old child.

To expect a 12- or 13-year-old, or even 14-year-old, to write a letter to the court, when I have gotten 16-year-old children who don't even know how to read at a third grade level, is presupposing that they have skills they do not have.

One study was done surveying the population in the prison system in California. At that time it was determined that 33 percent of the children at the California Youth Authority had been foster children. Sixty-nine percent of the inmates in the prison system had been. Those children at CYA still have more chances to get into the foster care system when they get out of CYA.

If I had to identify the most critical area in foster care I would have to say it is the teenagers.

As the law reads now, if a child is going to graduate from high school after his 19th birthday, the law mandates that child be cut off on his 18th birthday. That means if his birthday is June 1, and school gets out on June 2, he's cut off on his 18th birthday.

We have children who are sophomores in high school that are being cut off on AFDC.

I was trying to help an 18-year old girl recently. She tried to commit suicide. She entered the foster care system because of her suicide attempt. She'd been molested for 8 years.

Mr. STARK. Just to interrupt and point out that the law which requires that children be terminated at 18 comes to you courtesy of President Reagan, who added that in his budget cuts of 1981.

Ms. GAMBINI. I'll write him a letter.

But these children—for example, this youngster, she tried to commit suicide because she'd been molested. She was brought into the foster care system at 16.

January she turned 18. She's a junior in high school, and the only place she had to go was back to the open arms of her father. She can no longer stay in foster care so she's back home. She is a junior in high school.

Not all of us are financially in a position where we can accept these children on a permanent basis. We just can't do it. Most homes that are geared for teenagers take several teenagers. That means we don't just have one or two. You either take little kids, or you take big kids. The law now reads that if a child turns 18, is emancipated from the system, and is sharing a room with other foster children—and they might have grown up with them—they cannot stay in that room any longer.

Now, that isn't to say there aren't such things as waivers. But San Bernardino County doesn't grant waivers. So if you have a child turn 18, it's out of the house for the kid, or try to find another room for it when maybe it has shared this room for 8 years with another child.

Moneys, of course, become an issue, and that's what it all comes back to.

There's one county in California that gets $160 a month for taking care of teenagers.

Chairman FORD. $160?

Ms. GAMBINI. $160 a month. That's Alpine County. Orange County gets $441, but that's the exception. The average is $280. Out of that $280 you're expected to pay for clothing, food, entertainment, allowances, school supplies. Anything that is necessary.

Now, my children happen to want to wear Jordache jeans, and I'm not going to go buy my foster kid a pair of jeans at some discount shop, and put my own kid into Jordache's. They cost $40 to $50.

In other words, we're expected to raise these children as our own, but the moneys are not there to do it. The training is not there to do it.

We know that permanency planning is based on a value of rearing children in a family setting. We know that's what it's all about. But it's more and more impossible for us because the dollars aren't there, and the skills aren't given to us.

I heard mention of the fact that the children have social workers. In Fresno County, which is a large county in California, they do not have a social worker. There is a social worker for the foster parents. There is a social worker for the natural parents. The foster children in Fresno County do not have social workers.

Guardian ad litems are a marvelous, wonderful concept. In Tulare County there are 16 guardians for 500 children. I mean, if there are 1,200 children in San Francisco County, I can't believe that there are 1,200 guardians. The children just aren't being heard.

Foster care, the dynamics have changed. We have more and more severe abuses.

I hear the statement there's the same number of children. OK, there's the same number of children, but how has population impacted on that. How has the more severe abuse impacted on that number? I mean, to say the number of children is the same indicates to me that the children coming into the system are more and more abused. And they're in the system a shorter and shorter period of time, and with less and less money to impact on them.

How are those services given? I'm not seeing them. And I'm talking to foster parents all over the State of California. What we're creating is a new type of revolving door. The kids are coming back.

I could not get the statistic indicating the repeating children. Nobody knows how many they are. Frankly, I don't think anybody wants to know how many kids are coming back.

We've more and more pressure on permanency planning. Foster parents are frequently being asked: "Do you want to adopt this child?" And if they say "well, I don't know," then they're told "Well, we're going to find somebody who will." That's a tremendous pressure to put on anyone.

And then the complaint comes from the agency 4 years later, when there has been no services: "Hey, you want to dump the kids back in the system?"

Well, if the services were there, and the moneys were there, it might be a little bit different.

I had a child for 3 years, and the pressure from the agency was tremendous, because she'd been in the system for 6 years, to adopt her. I said to her "You're eligible for adoption. We'll adopt you. Do you want to be adopted?" She said: "Mommy, will you love me any

more if you adopt me?" I said "I can't love you any more." And she said "I'm 13 years old. I'm too old to be somebody else."

And there's a reality to that. The other side of that is that she would have to publicly then reject her mother, and there was at least some kind of a relationship there. There is tremendous amount of pressure on everyone to meet regulations which are not always in the best interest of everyone involved.

The guardianship concept is a problem because services are cut; moneys are cut. Sometimes you have to pay for your own guardianship to go to court and get it. Then if it really goes bad; you have to have it set aside; you have to pay for that, too. If you don't, they just come back and say: "Hey, that kid's your guardianship. You're responsible for that kid until he's 18. You better hope he doesn't do anything."

So you get caught between a rock and a hard place. But none of us want these children to linger. None of them. None of us do.

When children go to court to be freed for adoption, some of the cases are taking years. When the adoption is appealed, some of those kids are sitting there 4 and 5 years before those appeals are being heard.

We have a piece of legislation right now in California hoping to impact on that and get some priority to those children.

Voluntary placement is another area impacted upon by 96-272. I have a real problem with this because there are limitations on it that I don't feel are necessarily appropriate.

Voluntary children are brought into the system because parents can't cope. And if the services aren't there, and they're returned, it's just going to become a more and more vicious circle.

I could give you names and situations, but I think, you know, that can go on and on.

My husband, he happens to feel I should just give you a whole list of horror stories. He thinks that this isn't strong enough. You know, you've got to just go in there and give them names, and faces, and ages, and where they came from.

Mr. STARK. We'd appreciate hearing from your husband. He can write us a letter and we'll make it a part of the record. He doesn't have to be bashful.

Ms. GAMBINI. All right.

I do know in Sacramento County lately they had three children die. One of those children at least had been in foster care. Children are dying all over the place. We've got to get through to them.

A little boy was 4 years old. He was picked up because he was badly abused. He was returned 5 months later. He was picked up 3 months later because his dad was taking him on all the robberies he was committing.

These kinds of things are happening over, and over, and over. We know that.

It's the budget cuts. We need money. We need money for training; specifically for training. We hear there's money for training. We heard there's going to be training. In 1978, I was on a committee for the chancellor's office at the community college-level, setting down what the needs were in foster care for training. We still haven't seen it.

Sure, a few of the colleges will have classes now and then. We beg our agency for more training.

Often our State Foster Parents Association does the training themselves.

I feel like I am often making this plea, a plea for compassion and understanding. One time I was asked "Why, Mrs. Gambini, are you always going and pleading for these children? Why do you care about these children? Why do you care about these little Mexican children in the State? They are only illegal aliens. There are thousands of children dying in India every day. Why do you worry about these children?"

The man who said that to me was the welfare director in my county. He actually said "Why do you care? There are thousands of children dying in India every day."

Gabriela Mistral, the Nobel Prize poet from Chile, had this to say about the children of today. And I quote:

> We are guilty of many errors and many faults, but our worst crime is abandoning the children, neglecting the foundation of life. Many of the things we need can wait. The child cannot. Right now is the time his bones are being formed, his blood is being made, and his senses are being developed. To him we cannot answer tomorrow. His name is today.

And that is what it really comes down to. We've got to help them today.

[Attachments to the statement follow:]

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CALIFORNIA STATE FOSTER PARENTS ASSOCIATION, INC.

125 No. Linwood Ave., Visalia, California 93291 • Telephone (209) 739-7011

April 12, 1984

Fortney H. Stark
9th District, California
Congress of the United States
House of Representatives
Washington, D.C. 20515

Re: PUBLIC ASSISTANCE SUBCOMMITTEE

Dear Congressman Stark:

Over 25 years ago C. Henry Kempe coined the phrase "the battered child syndrome". We've been very slow in acknowledging the existence of child abuse. For years the only laws that could be envoked to protect the children in America were the Humane Societies, "Cruelty to Animal" laws. Slowly we are becoming aware of the magnitude of the problem and how it ultimately reflects on society.

Ray E. Helfer and C. Henry Kempe after 20 years of working with parents who neglect or abuse their children reached the conclusion that the basic ingredients of neglectful or abusive behaviour have their origin in the very earliest part of the parents life. Predominantly it is the lack of "empathic mothering". They found the most common element in their lives to be the history of having been significantly deprived or neglected with or without physical abuse in their earliest years. Abused children become abusive parents. Aggressive, anti-social behavior in youth has direct correlation with the youth's past experiences. Children learn from their parents by imitation and identification. Later experiences lack the same impact. Those primary impressions which lead to the development of security and trust and the ability to distinguish between right and wrong are learned in the earliest years or even months of life.

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Historically, children have been entering the Child Protective System for the same reasons. The classification of abuse has varied from simple neglect to the severest case of physical or sexual abuse. Our society has gradually evolved through the stages of recognition: Lurid abuse, failure to thrive, neglect and emotional abuse, and sexual abuse. In the earliest days only the most horrendous cases of physical abuse warranted intervention. The most subtle cases of emotional abuse are now receiving recognition.

Societies change and laws are acted upon. Priorities fluctuate. Where for several years the "child's rights" might receive the thrust of attention the swing might suddenly reverse to the "natural parent's rights". These are not always synonymous. For a decade the laws might be lenient and then become more and more restrictive. Federal Laws are implemented by State Laws which in turn have State regulations to facilitate them. The autonomy of the Counties is respected and county policies are allowed to interpret the regulations. There is a tendency to react to the letter of the law rather than the spirit of the law. These overreactions cause hardship on the children they were designed to protect. Too often the "legality" of the issue becomes more important than the "humanity".

There are 37,000 foster children in California. 28,000 of these children have been placed in the 12,500 licensed foster family homes while the balance are in group homes or California Youth Authority. Foster children's profiles are alarmingly similar to that of hard core prisoners. They have suffered numerous rejections, have little self-confidence, have a low self-esteem and again have been underachievers in school, (foster children are usually two to three years behind). In a study of populations at corrective institutions it was determined that 33% of the children at CYA had been foster children and 69% of the inmates of the state prison system.

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(Those CYA kids still had a chance to get into foster care after their release).

Public Law 96-272 has provided significant changes in the laws governing the welfare of children in our country. Senate Bill "14" was enacted to ensure California's compliance with the mandates of PL 96-272. Those of us who have had children in our homes for six and seven years, to only have them returned to their natural parents when we have known it was psycologically too late are relieved to see this new emphasis on limiting the time children should stay in the system.

As with any new program, however, these new laws have created loop-holes in the system that have caused hardship on certain groups of children. The most critical is the plight of teenagers in the foster care system. As stated earlier, foster children are generally two to three years behind their peers in school. Add to this fact that emotional development is also usually retarded. As the law now reads, if a foster child has his 19th birthday before he graduates from high school, he will be cut from the program on his 18th birthday. We have sophmores in high school cut from the program. If the foster parent chooses to keep that child and support him, in some counties (San Bernardino), that child may no longer sleep in the same bedroom with any other foster child even if the children have been living together for years. In the past foster children were funded until they finished school or until 21. This allowed some to go to college.

Teenagers need more support not less. Nothing is being done to prepare them for independant living. Our birth children can always use home as a haven. Many foster teens have not been in any one home long enough to build that kind of relationship with a foster family. They have a choice of hitting the streets and a life of crime and prostitution, or going back to the abusive situation they were removed from. I recently tried to help an 18 year old who had been brought into the foster care system because she had tried to kill herself. This small, frail girl had been molested for eight years. At 16 she was removed from her father's care only to be forced to return home at 18. She is only a junior in high school. Her

Continued.....

Her grades had dramatically improved during her foster care stay.

Not all foster homes can assume the financial responsibility of their foster teens. Homes geared to take teenagers often have several. The reimbursement rate in California is not fixed. The rate fluctuates from a low of $160 per month in Alpine county to $441 in Orange. The state average for reimbursement for ages 12 through 18 is $280 per month. This includes all clothing, food, entertainment, allowances, school supplies and anything else that might be necessary to provide a normal life for a teen. It is sometimes hard enought to love your own teenager let alone someone elses. Foster parents who take teenagers are truely special people. Of the 37,000 children in the foster care system in California, 48% or 17,760 are over the age of 12 years.

The permanency planning movement is based on the value of rearing children in a family setting. One definition of "permanency planning is the systematic process of carrying out, within a brief time-limited period, a set of goal-directed activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish lifetime relationships". Options include: Reunification, adoption, guardianship, or long term foster care which is a little more formalized than regular foster care. Children are not entering the system the same way they were five or ten years ago. The neglected ones must have bruises. The children we now get are much more severely abused.

The dynamics of foster care have changed. The cycle of abuse must be stopped but we are very wary of the current trend. The combination of more severe abuse and less time in the system at a time when we know of the cuts in funding which must impact on the services to these families leads us to be concerned as to how much rehabilitation is really going to be done. We agree that the foster care drift must stop. No one wants the children to linger on and on in such a temporary state. Are we creating a new type of revolving door? It is practically impossible to get statistics as to how many children

are repeaters. I talked to six different people from the county level to State. All were very nice but I still never received any information.

With the pressure to arrive at a permanent solution for a child's future, pressures are being put on foster parents to make decisions that might not be in the best interest of the child. An example is a 13 year old girl named Kena who was told by her foster mother after three years of placement that she was now adoptable and would she like them to adopt her? The child responded, "will you love more more if you adopt me?" The foster mother said "no, I already love you like my own". The child then said "I am too old to be somebody else" Saying "yes" also meant she would have to publicly reject her birth mother. Many children do not communicate their feelings so well. Foster parents have been informed that if they don't adopt a certain child another home will be found that will. Meeting the "regulations" sometimes does not meet the "needs". When termination of parental rights are determined to be the appropriate action, the process through the courts can take up to four and five years to complete if they are contested or appealed. San Bernardino county has 40 to 50 pending appeals at any given time. For example, a child aged 18 months, was placed in foster care by her mother who relinquished her for adoption. The father appealed the case. The child was finally freed and placed for adoption at age four and a half years.

Voluntary placement is a category of placement that does not follow the normal court routine. It is less formal but important. Parents sometimes place their children voluntarily into the foster care system. Their intention is to resolve a family crisis with the expectation that it will be very temporary. Unfortunately, this is not always the case. It is our concern that children are being returned to parents who cannot cope. For example, two parents brought their children, ages nine months and two years, to the Department of Social Services and said they could not cope and didn't want the children. The agency did everything in their

Continued .....

power to convince the parents to take the children back. Which, after a few weeks, they did. There had been a history of abandonment and abuse. These children were in and out of placement several more times before the parents took them to another agency where they ultimately signed papers to release the children for adoption. That county was really locked into "reunification". Some of the smaller counties in California take all children through the court system thereby avoiding the "voluntary" classification. The numbers in these instances are minimal. Consequently, the children are offered the services available to all dependant children. However, in some of the larger counties, Los Angeles for example, the number of children involved is in the thousands. San Diego is a county that has changed their policy to allow out of home placement for "voluntary" children for only 30 days. Services are still available for the six months as provided in PL 96-272. We have been unable to ascertain what these services are. Our basic suggestion would include voluntary placement to remain as a viable alternative but with more services available. The existing time frame appears inadequate.

My husband feels I should include more horror stories to emphasize the gravity of the situation. I always hesitate to do this. Most people find them hard to believe. But, little boys are being hurt. A four year old boy was removed from his father in December of 1982 in Tulare County because he had been abused. He was in foster care nine months when the system felt his father had been sufficiently rehabilitated. Five months later he was back in placement. His father had been taking him with him while he committed robberies. Little girls are being abused: a 10 year old girl was brought into foster care because she was covered from head to toe with bruises. A month later she was returned to her mother. A couple of months later she was removed again and finally placed with her aunt. At her aunt's she was raped by her father. She spent several weeks in the hospital having the

Continued .....

damage repaired. Now the family "doesn't want her" because of what happened to her. Young teenagers are sleeping on park benches or standing on street corners selling the only thing of value they have, their bodies, to buy a bed for the night.

Probation departments and Child Protective Services squabble over who has to take action on many of the teenagers. Not so long ago I was asked why I was so concerned about the way the illegal alien children were being treated in the San Joaquin Valley. "After all", I was told, "they are only Mexican children and there are thousands of Indian children dying in India every day." The person who said this to me was the Director of the Welfare Department. Fortunately, he is no longer there, but I find myself responding to such statements all too often.

Gabriela Mestral the Nobel Prize winning poet from Chile had this to say of the children of today: "We are guilty of many errors and many faults but our worst crime is abandoning the children, neglecting the foundation of life. Many of the things we need can wait. The child cannot. Right now is the time his bones are being formed, his blood is being made and his senses are being developed. To him we cannot answer 'Tomorrow'. His name is 'Today'".

Very truly yours,

Susan J. Cambini

SUSAN J. CAMBINI (MRS)
President

SJC:kaw

Encls. (See supporting documents)

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
(916) 445-7653

September 14, 1983

ALL-COUNTY LETTER NO. 83-97

TO: ALL COUNTY WELFARE DIRECTORS
ALL LICENSED PUBLIC AND PRIVATE ADOPTION AGENCIES
ALL CHIEF PROBATION OFFICERS
ALL DISTRICT ADOPTION OFFICES

SUBJECT: FAMILY REUNIFICATION SERVICES BEYOND 18 MONTHS - FISCAL CONSEQUENCES

REFERENCE:

The purpose of this letter is to clarify the mandates of Public Law (PL) 96-272 and Senate Bill (SB) 14 regarding court-ordered extensions of Family Reunification services during the permanency planning hearing.

SB 14 was enacted to ensure California's compliance with the mandates of PL 96-272. Federal statute [PL 96-272, Section 475(5)(c)] requires a permanency planning hearing to be held and a disposition of the case to be made within 18 months of foster placement. State statute [WIC Section 366.25] requires a permanency planning hearing to be conducted within twelve months of placement but gives the juvenile court the option to continue the hearing so that, consistent with federal law, a permanency planning disposition is reached no later than 18 months from the date of placement.

The period over which reunification services may be provided is governed by the federal 18-month maximum limit on foster care prior to the conclusion of a permanency planning hearing. This federal limitation is reflected in the time frames for reunification services which are specified in WIC 361(e). Thus, Family Reunification services which are court ordered beyond 18 months are not eligible for federal funding, and since state statutory service time limits reflect federal standards, will not be eligible for funding through the Social Services Block Grant Allocation. Those activities provided by social services staff after the 18-month statutory time limit are to be reported to Other County Only Programs and funded at the county level.

If you have any questions regarding this matter, please contact your program management consultant at (916) 445-7653 or ATSS 485-7653.

LOREN D. SUTER
Deputy Director
Adult and Family Services Section

cc: CWDA

GEN 654 (9/79)

SEP 07 1983

OF CALIFORNIA—HEALTH AND WELFARE AGENCY George Deukmejian, Governor

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

August 31, 1983

ALL COUNTY LETTER NO. 83-93

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CHIEF PROBATION OFFICERS
ALL PRESIDING OR SOLE JUVENILE COURT JUDGES

SUBJECT: REQUIRED COURT ORDER CONTENT FOR AFDC-FC

On July 13, 1983, the Federal Department of Health and Human Services (HHS) informed California that its present court order content is "insufficient to implement the intent" of Section 472(a)(1) of the Social Security Act (Public Law 96-272; 42 USC Section 672). The federal decision is based on a May 20, 1983 memorandum prepared by the American Bar Association's National Legal Resource Center for Child Advocacy and Protection.

The July 13, 1983 HHS interpretation specifies that court orders for children placed on or after October 1, 1983 must contain a statement that "reasonable efforts have been made to prevent or eliminate the need for removal of the child from his or her home and to make it possible for the child to return to his or her home." Because a child's federal or non-federal AFDC-FC status is often not known when such court orders are issued, it is prudent for courts to determine whether these reasonable efforts have been made in all cases where a child is removed from the home and placed with AFDC-FC funding.

The department is currently developing emergency regulations to reflect federal policy in this area. Meanwhile, to protect the state and counties from a loss of federal funds, we ask that you implement this revised procedure for all children placed on or after October 1, 1983. If you have any questions, please contact the Foster Care Program Bureau at (916) 445-0813 (ATSS 485-0813).

Kyle S. McKinsey

KYLE S. McKINSEY
Deputy Director

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
(916) 323-1263

August 5, 1983

ALL-COUNTY LETTER NO. 83-78

TO: ALL-COUNTY WELFARE DIRECTORS

SUBJECT: COST-OF-LIVING ADJUSTMENTS TO FOSTER FAMILY HOMES

REFERENCE:

The purpose of this letter is to provide instructions to counties regarding the application of the FY 1983-84 Cost-Of-Living Adjustment (COLA) to the individual county foster family home rate schedules.

AB 2695 (Chapter 977, Statutes of 1982) sets forth a standardized schedule for basic foster family home rates. The law also specifies that this standardized schedule is to be adjusted for any cost-of-living increases provided by the Legislature in accordance with Welfare and Institutions Code (W&IC) Section 11453. The Budget Act provides for a four percent COLA. The following is the AB 2695 standardized schedule adjusted by the four percent COLA.

AGE	Standardized Schedule Set Forth in Law	New Standardized Schedule (Adjusted for Four Percent Cost-of-Living)
0-4	$269	$280
5-8	292	304
9-11	312	324
12-14	346	360
15-20	377	392

Counties currently are paying basic rates both less than and in excess of the standardized schedule. W&IC Section 11461 provides that counties which have rates in excess of the new schedule can increase their rates by only 70 percent of the COLA provided. In subsequent years these counties can increase their rates by only 50 percent, if any COLA is granted by the Legislature. This will eventually result in the differences between their rates and the standardized schedule being eliminated. W&IC Section 11461 also provides that if sufficient funds are available, counties which have rates that are less than the standardized schedule shall receive state participation in the new standardized rates. However, if insufficient funds are available to implement

the new standards, the law authorizes the department to determine the amounts by which the counties' rates should be increased. Since insufficient funds are available to implement the new standards, the following procedure will be utilized in order to move counties toward standardization:

A. Counties whose rates are less than the new standardized basic rate schedule

1. These counties are instructed to convert to the five age groups established in the law by using existing rates. If children combined into one new age group currently receive more than one rate, the county will establish the base rate at the highest level currently paid for children included in that group.

Example: County A, which is below the new standard, currently has three age groups: 0-6 = $230; 7-12 = $275; 13-20 = $311. The county will convert to the five new age groups as follows:

	0-4	5-6	7-8	9-11	12	13-14	15-20
Current County Rates	$230	$230	$275	$275	$275	$311	$311

	0-4	5-8	9-11	12-14	15-20
New County Base Rates (after age group adjustments)	$230	$275	$275	$311	$311

2. After establishing the five age groups, the county will apply the four percent COLA to the new base rates as determined under No. 1 above.

Example:

0-4 = $230 x 1.04 = $239
5-8 = $275 x 1.04 = $286
9-11 = $275 x 1.04 = $286
12-14 = $311 x 1.04 = $323
15-20 = $311 x 1.04 = $323

3. The amounts in No. 2 above must then be compared against the new standardized rate schedule. The lesser of the amounts in No. 2 above or the standardized rate amounts are the new basic rates for FY 1983-84.

B. Counties whose rates exceed the new standardized basic rate schedule

1. Counties can apply up to 70 percent of the cost-of-living adjustment to the county rate. These counties are instructed to retain their current age groupings.

Example: County B, which is above the new standards, currently has three age groups: 0-6 = $299; 7-12 = $345; 13-20 = $390. County B may apply up to 70 percent of the COLA to the base rates (70 percent x 4 percent = 2.80 percent).

0-6 = $299 x 1.028 = $307
7-12 = $345 x 1.028 = $355
13-20 = $390 x 1.028 = $401

2. A situation may arise in which applying the procedure under No. 1 may result in a child (usually a 5-, 6- or 12-year old) receiving a lower payment than the child would have received according to the standardized schedule. If this should occur, the county must break that age child out from the rest of the age group and establish the rate at the standardized schedule.

   Example: Under No. 1 a 12-year-old would receive a rate of $355 even though the adjusted standardized schedule would provide a rate of $360. Therefore, 12-year-olds would be treated as a separate age group at a rate of $360.

C. Specialized Care Rates

Counties can apply up to a four percent COLA to the specialized care increment of their foster family home rates.

If you have any questions regarding foster family home rates, please contact the Foster Care Rates Bureau at (916) 323-1263.

KYLE S. McKINSEY
Deputy Director

cc: County Welfare Director's Association

FOSTER FAMILY HOME RATES FY 83/84

COUNTIES	Age 0 - 4	Age 5 - 8	Age 9 - 11	Age 12 - 14	Age 15 - 20
ALAMEDA	$ 239	$ 286	$ 286	$ 323	$ 323
ALPINE	160	160	160	160	160
AMADOR	185	185	185	193	193
BUTTE	213	232	232	266	266
CALAVERAS	190	215	215	254	254
COLUSA	219	237	237	243	243
CONTRA COSTA	260	291	291	350	350
DEL NORTE	184	206	206	241	241
EL DORADO	232	256	256	295	295
FRESNO	277	293	293	316	316
GLENN	222	222	261	261	261
HUMBOLDT	210	235	235	278	278
IMPERIAL	199	208	208	226	226
INYO	218	218	218	218	218
KERN	193	238	238	258	268
KINGS	233	249	249	263	283
LAKE	218	242	242	280	280
LASSEN	260	260	260	260	260
LOS ANGELES	280	317	353	393	421
MADERA	210	239	239	256	256
MARIN					
MARIPOSA	188	210	210	232	232
MENDOCINO	206	223	223	244	244
MERCED	226	254	254	287	287
MODOC	220	220	220	220	220
MONO	No rates submitted by County				
MONTEREY	250	276	276	327	327
NAPA	207	239	239	271	271
NEVADA	230	244	244	261	261
ORANGE	248	315	319	441	441
PLACER	204	243	243	317	317
PLUMAS	213	213	213	259	259
RIVERSIDE	210	237	237	307	307
SACRAMENTO	252	263	263	322	322
SAN BENITO	192	194	194	229	229
SAN BERNARDINO	201	222	222	270	270
SAN DIEGO					
SAN FRANCISCO	269	293	293	334	334
SAN JOAQUIN	225	230	230	316	316
SAN LUIS OBISPO	233	256	256	302	302
SAN MATEO	269	293	293	356	356
SANTA BARBARA	244 259	232 270	227 290	288 301	350 369
SANTA CLARA	271	304	353	352	386
SANTA CRUZ	220	254	254	294	294
SHASTA	231	245	245	276	276
SIERRA	156	177	177	198	198
SISKIYOU	168	207	207	246	246
SOLANO	220	243	243	281	281
SONOMA	201	219	219	257	257
STANISLAUS	228	263	263	301	301
SUTTER	204	204	204	266	266
TEHAMA	210	224	224	251	251
TRINITY	207	207	207	207	207
TULARE	203	228	228	255	255
TUOLUMNE	207	235	235	301	301
VENTURA	244	277	277	350	350
YOLO	223	243	243	281	281
YUBA	207	207	207	237	237

San Diego -

1. Children in Placement - too many
   1 case took 4 yrs.

2. County Counsel - at any one time
   10 cases in appeals
   - process time one year or more.

3. Delores Stroh - Kern took 3 yrs. relinq placed at 18 mo's - placed for adopt at 4½

4. Dept. of Soc Services - Adop. Section - Survey Jan 83 - Feb 84
   1. Open appeals 15

1. 5-29-82	11. 10-11-83
2. 6-24-82	12. 3-82
3. 5-6-83	13. 10-83
4. 5-18-83	14. 10-17-83
5. 1-20-83	15. 1-26-84
6. 11-2-82	
7. 10-17-83	
8. 6-10-83	
9. 6-29-83	longest 24 mos.
10 11-7-83	

average 10.6 mo.

18 year old not graduating from High School prior to 19th birthday.

I personally have a child who will graduate from high school 3 mnths after her 19th Birthday. Her funding will be cut off at age 18 years.

If you keep an 18 year old foster child in your home they must be moved out of bedroom they have shared with other children for years.

Tyra Johnson
1199 Ukiah Way
Upland, Ca 91786
714-985-7397

... My biggest concern is the is Waivers not being allowed. Well a long o have been allowed to have a waiver fa more then two to a room. Naw all of a sudden County has decided not to give them out any more. o feel a assestment of the home and there track record should have some say in the decision.

My other concern is the 18 year old who will not graduate by there 19 birthday the funding is stoped. So many of our kids are emotionally behind and are not ready to be put out in the streets. What about the foster parent who cannot support the child with out funding. Do school and mets keep people for free. ets not our problem its the state and county.

My concerns run also when o received a letter to remove the eighteen year old from the room of the rest of the kids. When she was a foster child and we took legal guardianship of her and she had been in that bedroom for three years. At least allow them to finish school before the adult world is dropped on them. At least go to the age of 20

San Bernadino County

Chairman FORD. How long have you been a foster parent?

Ms. GAMBINI. Fifteen years.

Chairman FORD. How many children have you had?

Ms. GAMBINI. Approxitately 40. I've had them from newborns for a few days, up to 6 years.

Chairman FORD. How many have you had at any given time?

Ms. GAMBINI. The child I had—oh, at one particular time?

Chairman FORD. Yes.

Ms. GAMBINI. Well, I don't know. We started with foster children, so probably four.

My family dynamics now are two adopted, three birth, and one foster, but it changes. I have other children that I can take.

Chairman FORD. What's the longest period of time that you——

Ms. GAMBINI. Six and a half years. That child went home at 12, and every birthday she called me and said. "Mommy, when can I come home to the people I love?" When she turned 18 she married a 50-year-old man. She is now pregnant by him. That was hard.

Mr. STARK. As a 50-year-old man I'm not so sure——

Ms. GAMBINI. She was 18, you know. I mean, it just is really hard at 18, you know, to know that——

Mr. STARK. Let's hear from Mr. Campos.

STATEMENT OF FRANK CAMPOS, FOSTER PARENT IN ALAMEDA COUNTY, HAYWARD, CA

Mr. CAMPOS. I've been around for 28 years. I've written speeches, and, Mrs. Gambini, I've been to this State. I've been to the Federal Government. I met with Mondale back when he was the Vice President. And I haven't seen any changes.

In 28 years, all I've seen is an increase of probably $81 a month—$69 a month than what it was when we first came into it, child care. Today it's $280, $300. How much do we give in Alameda County?

Chairman FORD. How long have you been in the program, Mr. Campos?

Mr. CAMPOS. Twenty-eight years I've been a foster parent. We've had 104 children in and out of our home. Some of these we've had three and four different times where they've gone; they've come back; they've gone; they've come back. Finally the last two girls we took legal guardianship on.

I retired 2 weeks ago from my job. We're leaving the county. So we took legal guardianship rather than put these girls back into the system again. We've kept them. We love the girls. They've been in our home for 7 years. They're sisters.

Now, you know, it's disgusting. I can say this because I'm not in the system any more, and I won't be in it any longer. We sat for 1 year doing the licensing and regulations for the State of California, and I was on the committee. From Shasta County to Los Angeles, Alameda, Sacramento, days off from work. A new administrator came in to the State Social Welfare Department, threw them out, and says "I'm writing the regulations." They're the worst regulations I've ever seen in my life.

We fought for kids to stay in high school at least until they can graduate, and stay in the foster home. Hey, at 18 they throw them out.

I had a boy that went into the Marine Corps. He was 19 and a half years old when he graduated from high school, but he graduated. That diploma got him somewhere. It got him into the service. Would it have been better to let him go out and be on welfare now? That would have been the difference.

I mean, you've got a choice. You either support the foster-care divisions of the county, or you support the welfare divisions, because from one to the other, that's where you're walking. They come right out of here; they go either into prison or on welfare, and one leads to the other.

But nobody in Washington—I'm not going to make that statement. So few in Washington care because the kids don't vote.

Chairman FORD. I'd like to just for the record speak out and say that I sit next to Pete Stark, who is a Congressman from this area, and the only Public Assistance and Unemployment Compensation Subcommittee member now who was a part of the committee in 1980, when some of the legislation in 96-272 was implemented into law.

And I know as the new chairman for the last 2 years of this subcommittee that you do, in fact, not only have a distinguished Member of the Congress, but one—I guess the history of man has produced only a handful of those—giants of oratory on asserting the key issues.

And I would have to say that not because I'm here in his hometown, in his congressional area—I would just have to say that he is, in fact, a chief spokesperson. And I didn't travel 3,000 miles last night just to come out and see my good friend because I worked with him all last week before we closed the Congress down.

I am here as one who is also trying to learn, and trying to be as articulate as Mr. Stark has been in foster care and child welfare.

So you do, in fact, have a golden-throated warrior of the spoken word on these particular issues in the Congress, and I'm proud to be here with him as the subcommittee chairperson, and proud to be one who has taken over the chairmanship of this subcommittee.

Mr. CAMPOS. Well, I agree with you on that, but we can name them on 10 fingers. Thomas Backey, he has. I can give a note, which will help. He knows that.

How many others can we give to back it?

Mr. STARK. Not enough.

Mr. CAMPOS. That's what I'm saying.

Mr. STARK. You're right, Frank.

Mr. CAMPOS. So I'm laying it out the way it is.

Mr. STARK. And we appreciate that.

Mr. CAMPOS. I've seen it; I've had it; and I think the time to change is now. Something has got to be done.

When these kids can go from their homes into my home, then because of the fact of a woman social worker, she transfers him to another foster home and then brings him back. And they jump back and forth. Thank God we're trying to put a stop to that in Alameda County. Now we have some recourse why they pull that

kid out of the home, but not all counties in the State of California have that. Or throughout the States. They don't have that.

There should be legislation so that the foster parent can say "hey, why did that kid get moved out of my home," and have the ability to do it without a recourse.

Or that 6 month review program. What you've done is taken the social worker out of the field.

In the past the social worker used to come up to the home once a week, once every 2 weeks at the most. You'd see her at least once a week, once every 2 weeks. But today you have so much paperwork, because of the 39 case load in Alameda County for permanent kids, they have all that paperwork. Every 6 months is a review. How much time does it take to do a review on a kid? Three days. Multiply that by 4; 120 days.

How much time does she have to go out in that field and really know that kid, know what that kid needs? Where is it? These case loads are too big. There's not enough money to hire social workers to take care of the program. You want all this paperwork, which has quadrupled since 6 years ago. But you haven't hired the social workers to take care of the paperwork.

You know, it's easy to say we need this. But who's going to pay for it? We've cut the budgets of everybody. Consequently, your social workers are sitting there now at their desk at least 3 days a week doing reports; 2 days a week to go out and see 39 kids? Who's being ridiculous?

These are some of the facts you're not looking at. Plus foster parent burnout. If I need something from a social worker I'm going to call her because I don't see her anymore.

So, consequently, I call in there. Then they call back. "I can't come out until day after tomorrow. I've got three case loads I'm working on." I've got an emergency now. I don't need you day after tomorrow. I need them today.

We've got a psychiatrist who says "I have to have certain information." I can't get it until I go in to the social worker—social department and get it—because they're buried under.

The bottom line is where are all the funds coming from to cover all of the paperwork that everybody wants to do? Because all you're doing is pulling the social worker from the foster parent. And there's foster parent burnout. There's no money.

That means a foster parent has those kids 365 days a year. How would you like to have your kids 365 days a year and no babysitter? You can't go to a movie without the kids. You can't go anywhere without the kids. You can't do this without the kids. You can't go on vacation without the kids.

Mr. STARK. It sure seemed that way when they were that age, Frank, whether that was the reality of it——

Mr. CAMPOS. And you got over it, didn't you? They got to the point where you could do this and that. But now when we get to that point here comes a 6 year old. Here comes a 9 year old. Now you're training this one again.

This is why you're losing a lot of foster parents. The burnout. And it's not how much it costs you to lose a foster parent, their training, the fact that the social worker practically taught that foster parent how to be a foster parent; what it taught you to li-

cense a foster home. Yet when we lose them because of burnout what's the bottom line? Money. So that the foster parent can have some respite some way. They can have somebody come into their home and take care of those kids, give them a weekend off. Give them 3 or 4 days off. Give them time to get out on a vacation for a week by themselves.

Divorce is a problem at home. You're getting it now. Or get rid of the kids. I mean, the bottom line lots of times that's the problem.

The pressure on foster parents to adopt—it was 4 years I was talked to to adopt these 2 children. Come to find out they weren't adoptable. So we took a legal guardianship on them. But the 4 years with the pressure to do it.

Foster parent education. How do you give anybody a child or two—and most of these that are coming into care today are behind; behind in their education; behind in years. Most of them have psychiatric problems. Most of them are under either psychiatric care, or some type of care. And then—without education. This is bad.

Without education you are—that foster parent should have no less than 8 to 10 weeks of education before they get any children. And it should be mandatory. I've been fighting for that for the last 20 years, mandatory education. And it should be something that every foster parent has, and do at least once a year, a review of 6 weeks, or 8 weeks. It doesn't mean one every week. It means 1 or 2 nights a week. But it's something that they should have.

If there's a lot of these foster parents that take kids that don't know what they're doing, within 2 to 3 weeks you spend $5,000 to license that home; within 2 to 3 weeks that kid hits him on the head with an ashtray. The next thing you know they're out of the system totally.

I don't mean they've been educated to expect this kind of stuff. They may have stayed in the system and that $5,000 would have been good for 20 years.

But these are the things that I feel we have to do.

Mr. STARK. Thank you.

Chairman FORD. Thank you very much.

Cory Pohley.

Before we start, may I ask your age, please?

Ms. POHLEY. I'm 24.

Chairman FORD. You're 24.

Do you want to bring the other microphone—for some reason you need both.

You're a former foster child, is that correct?

Ms. POHLEY. Yes.

Chairman FORD. From what age?

Ms. POHLEY. One and a half.

Chairman FORD. One and a half. Through the year—what, 18?

Ms. POHLEY. No, until I got guardianship at 16.

Chairman FORD. How long was that?

Ms. POHLEY. How long was what?

Chairman FORD. When was your guardianship?

Ms. POHLEY. When I was 16.

Chairman FORD. When you were 16.

Ms. POHLEY. So I was in care from one and a half to 16.

Chairman FORD. You may proceed.

STATEMENT OF CORY POHLEY, FORMER FOSTER CARE CHILD

Ms. POHLEY. I'd like to start by saying that I'm really pleased to be given an opportunity to share with you some of my experiences and my concerns relative to the foster care system.

But I need also say that I find it somewhat disheartening, that it's taken 24 years, for me to be recognized as a potentially valuable resource.

I'd like to extend my sincere gratitude to whoever it was who took the time to recognize the obvious missing link, the child's input. The child who has had to endure the consequences of decisionmaking powers.

There have been few systematic inquiries into children's perceptions of the separation experience, and the foster care system, and how they interpret and integrate those experiences into views of themselves and the world around them.

I shall attempt today to share with you some of my reflections regarding the frailties of substitute arrangements, and some obvious solutions to this ongoing tragedy.

The crowning insult, the one that went beyond all others to scar my human spirit was to have been born to parents who were both unable and unwilling to care for me.

Being cared for by ones own parents, in ones own family, is a fundamental and almost universal fact of life. But to some of us it never was, or ever will be a reality.

I was abandoned, along with my two older brothers, at 9 months of age. My mother was 21 when she made the decision to give up responsibility for raising her children. She didn't take the time to try to justify or explain her decision. She simply left us in the care of friends for the day and vanished. We have had virtually no contact throughout the years.

My father was on the road looking for work. He returned to find his wife and children gone. He was contacted by the person housing us and was informed that our mother had disappeared.

My father, barely surviving himself, tried his unskilled hand at raising us. We were living in great poverty, and were removed from my father's care on charges of neglect. We were suffering from malnutrition, and were sent to the hospital until our health was restored.

I entered the foster care system at one and a half years of age. That system remained responsible for my well-being until I was able to arrange a guardianship situation at 16.

There have been many singular words used when referring to life circumstances for foster children; "limbo," "bounced," "lost," "forgotten," "throw-away," "withdrawn," "frightened." Certainly these applied to me.

I had lived in 15 foster homes by the time I reached my eighth birthday. I also spent a great deal of time waiting in receiving homes for a future that was always unpredictable. I was alone in every sense of the word. My brothers were taken from me, and even they were separated and living in different foster homes.

Parting was always dramatic and frightening. I was ill-prepared for it, and was told very little about the underlying reasons for

being yanked without notice, and sent to a waiting tank only to be dumped in the hands of strangers, another surrogate family.

One would hope that at the very least a child removed from an abusive or neglectful situation could receive some assurance that such experiences would not become a pattern for them while in care. For me, verbal, mental, physical, and sexual abuse were recurring experiences. So much so that I assumed and believed that this was an inescapable and deeply ingrained part of the system.

After years of enduring such pain one begins to wonder if there are, in fact, guilty and deserving victims.

I'm not here to talk about what can be done to prevent children from entering the system. I do want you to look at what happens, or to be more precise, what does not happen once a child does become a responsibility of the State.

Representatives at various welfare agencies would have you believe that they have a handle on things. That they have a systematic and well-defined approach to case management practices. I challenge you to review current research which illustrates time and time again that there is, in fact, little, if any, accountability for insuring that children are receiving the services due them.

It is of absolute importance that we begin to activate alternatives and creative approaches to the foster care phenomenon. It is apparent that the States act or react in accordance with guidelines set by the Federal Government. If the guidelines are vague, confusing, or in conflict, the system does not run fluidly.

Clearly, the ideal system would serve children, and get away from the redtape, lip service, bureaucratic struggles, and limits placed on services at all levels. State and federal legislators need to be informed of the need for improved, expanded, coordinated, flexible, and well-funded foster care services.

Future research, using inventive methods, should be used to illicit subjective responses from children regarding their perception. This would give you information that is reliable and complete with which to develop meaningful public policy in this area of need.

Historically, there has been a reluctance to include children in the evaluative process. It is generally felt that this will only serve to further upset the child involved. The other assumption is that children will not, and are not capable of interpreting what they feel and experience, especially if the child is exhibiting signs of vulnerability.

Isn't the real issue, in fact, that policymakers are protecting themselves from the truth, which may force them to deal with a situation that is often difficult and viewed as hopeless. We as a society must begin to look at the message that is perceived by children when they are excluded from having input into that plan.

Children learn and believe that their perceptions are invalid. This leads to a sense of helplessness and places their sense of self-worth in jeopardy. To offset these damaging effects of family disruption I recommend the following:

Regarding the child. The child should be guaranteed—and that's the key word—preplacement visits. I had none ever.

They should be guaranteed monthly visitation by a caseworker. Contact with the foster parent alone will not suffice.

They should be educated regarding their rights, and due process should those rights be violated.

They should have access to a regional area rights advocate.

They must be afforded the opportunity to participate in all planning related to their case, including input into the court review process.

I heard someone earlier say that it's really pretty simple. We have it all worked out. Do you know that I found out this year what a court review process was. I had never once been informed that I had a right to attend those hearings. I didn't know that they went on.

I'd like to see release slips signed saying that the child was told that this was happening, and put in their case files so that they can accept some accountability.

Chairman FORD. What about the volunteer? Don't you have a person, a volunteer, that is assigned to spend one day a week making contact with you?

Ms. POHLEY. No, but you have to realize that I was in the system from 1960 until I was, you know, 16. So there may have been changes. I never had a volunteer. I was lucky to see a social worker. Very lucky. My image of a social worker was of someone who came, picked you up from the receiving home, dropped you off at a foster home. Their idea of crisis counseling was to remove you from that home and put you somewhere else. That's basically, you know, until probably I was 10 years old, was my experience with social workers.

The other is that they must sign a release indicating that they have been informed of their right to access all client file case information upon emancipation. I have been trying for years to get my case files. I have been told they were destroyed.

We need to broaden the support base, such as school base, support programs for foster youth.

Regarding foster parents, foster family recruitment must effectively screen for families willingness and ability to accept responsibility as a part of an agency team.

They must—mandatory—participate in training that addresses their role; focuses on parenting skills; and emphasize the importance of quality care, that is, unconditional love and nurturing.

You know, I challenge you to go sit in on what they call foster parent training. It's great. You hear a lot of codes. You have to make sure that your house has an escape plan in case there's a fire, but there's very little done in terms of what's it like for a child to come into a home knowing nothing about this new family. There are certain things that you need to consider, and those aren't presented in foster parent training. Not at all.

In conclusion, I would like to point out that the solutions to correcting an inadequate system are not all that difficult to achieve. It will, however, require a great deal of commitment, and shared recognition of importance to be successful in any sense of the word.

Inadequate communication and education regarding rights and responsibilities are continuing problems when we have the sophistication to know better, and to ignore such fundamental principles of child development.

Foster children are among the most deprived of all children in our society. The way that care is organized for them, and the concern and love that is provided them, is a profound reflection upon us all.

Chairman FORD. Cory, you mentioned earlier that you were placed in 16 different foster homes——

Ms. POHLEY. Fifteen.

Chairman FORD. Fifteen over a—over a 14-, 15½-year period?

Ms. POHLEY. No.

Chairman FORD. About 14?

Ms. POHLEY. I entered foster care when I was 1½. When I turned 8 I had lived in 15 homes in addition to spending a great deal of time in receiving homes. I have lived in 16 foster homes total.

Chairman FORD. Were you ever told why you were being placed in so many different homes?

Ms. POHLEY. No. In fact, when I was removed from some homes usually it was without notice. I would come home from school and my bags would be packed, and I was on the way to the receiving home. There was a big reluctance to share any information regarding why you were being removed.

I was also not given any information regarding where my brothers were when I asked.

Chairman FORD. Are you now a participant with any of the associations, organizations, dealing with foster care, child care?

Ms. POHLEY. I am—worked for foster services for 3 years after I graduated from high school as a tutor and paraprofessional counselor. That's not what I'm doing now.

I also have—I recently did a video for the State review board, who had me speak as an ex-foster child.

And I've had an opportunity to visit groups at the high school level, foster children, and talk to them. So I do have some involvement.

Mr. STARK. Cory, I gather that you were—I assume that you were in 15 homes between 1½ and 8.

Ms. POHLEY. Yes.

Mr. STARK. OK.

In your experience, was there a time when you became more aware of the foster system, or was it just that all of a sudden you landed with some real nice parents who were special, and worked for you? I'm trying to decide whether that——

Ms. POHLEY. It's probably a combination of things. I think that I had an awareness at 4 and 5 that was absolutely incredible.

Mr. STARK. Did you know other foster children? When you were at school did you know that John or——

Ms. POHLEY. No, you didn't talk about that. The stigma. No, it's not something that I ever discussed.

I occasionally—the question came up because my last name was always different from my parents, or because the big car with the sticker on the side would drive up, and they wanted to know who that was to see me.

Your question was before that?

Mr. STARK. The social worker? The car that drove up with the sticker?

Ms. POHLEY. Yes.

Mr. STARK. What kinds of things—I guess what I'm trying to find is the period—and this probably has to do with high school—would you have enjoyed, or found it useful to know other children when you were in high school.

Ms. POHLEY. I did know other children by that time. When I entered junior high school Foster Youth Services—Outgrow Foster Youth Services was a new program. And I guess I was in ninth grade at that time, and they came out to the school and identified various foster children, and asked us if we'd like to participate in that group, and I did. And later went to work for that agency. And it made a lot of difference.

Mr. STARK. Would you say if you started that in sixth grade it would be too early?

Ms. POHLEY. I don't know. I think that I would have liked something like that. But even more than a group situation back then, just a one-on-one with someone who was consistent in your life would have been important. I don't know that I would have needed or wanted the group, but I certainly through all the years wanted somebody to identify with. I had nobody at 8 years old. Not one person in my life who was consistent that I knew; not even a friend.

Mr. STARK. Here's what I'm getting at. It seems that the one place you have as a foster child, daily contact, is school.

Ms. POHLEY. Yes.

Mr. STARK. And I gather that the system that you worked with is part of a school district.

Now, maybe we're looking in the wrong direction. Maybe if the foster child felt that there was somebody in the school system who could respond to their concerns, fears, problems, and get action more quickly, it would help the foster child.

Ms. POHLEY. Perhaps if they're in a school for more than 3 months at a time. You have to realize that my schooling—you know, if I was in 15 homes I was in at least 13 different schools.

Mr. STARK. So that wouldn't work unless you had a more stable foster home life.

Ms. POHLEY. No; I think that—especially if there are children who seem to be working out well in homes, and remaining there, I think the schools are a real good place to start. But I also think that the department, the welfare department, needs to be held more accountable for educating children regarding what kind of care they should expect to receive. If children knew that you can bet there'd be a lot, you know—the instances of abuse would go way down.

If you educate children regarding what policy is— right now we don't have a system that offers quality, or even guarantees it. We have a system that says you will be fed and taken care of. You will have a place to sleep. There's nothing about quality.

How can they offer quality when they don't even offer quality foster parent training?

Ms. GAMBINI. May I respond to the school situation?

The State of California has enacted a piece of legislation which is called Foster Youth Services in the schools. That program will identify the children with a special testing, tutoring, and have

them—those kinds of continuity so that if a child goes from school district to school district——

Mr. STARK. How about counseling though? So the child can feel good about him/her self.

Ms. GAMBINI. Counseling in all those things are inherent, however, there are no funds. The concept has been, you know, agreed upon as law, but, again, the monies have not been allocated.

In response to the foster child rights, Abigail English, National Center for Youth Law, is putting together a videotape which will put those things forth in such a way that young children can understand them.

There again, we don't know how to disseminate those; whether our agency will be willing to share that information; we're hoping to get a channel maybe through that same foster service in the schools if we can ever get that enacted.

Again, it's just basically the money part there.

Chairman FORD. The Chair has no further questions. I'd like to thank the members of the panel for testifying.

Mr. STARK. And encourage the panel to say that we spend so little time, as Frank pointed out, being able to talk with people who participate in these programs, both as parents, and as children. And please send us any information you have—you mentioned some research, Cory, in your testimony.

Ms. POHLEY. Most of it is at the city library if people take the time to go down and read it.

Mr. STARK. Well, if you could direct us there, or give us a bibliography on that, it would be helpful——

Ms. POHLEY. I certainly will.

Mr. STARK [continuing]. To us, and our staff. We'd appreciate it. Thank you.

Ms. POHLEY. I'd be glad to.

Mr. STARK. Thank you.

Chairman FORD. The Chair will recognize Mr. Stark at this time for the next panel.

Mr. STARK. Our third panel is dealing with the impact in the cuts in Federal programs on the families, and the children in the welfare and foster care system. We'll be led off by Jeanette Dunckel who is the chairperson of the California Foster Care Network, and the California Children's Research Institute; Shelly Brazier, from Los Angeles, Resource Center for Children and Youth Services. It's a small panel.

Chairman FORD. The Chair will recognize Ms. Dunckel at this time.

STATEMENT OF JEANETTE DUNCKEL, CHAIRPERSON, CALIFORNIA FOSTER CARE NETWORK POLICY BOARD, CHILDREN'S RESEARCH INSTITUTE OF CALIFORNIA, SAN FRANCISCO, CA

Ms. DUNCKEL. Good morning.

Mr. STARK. Take two of those. That's for the reporter. Thank you.

Ms. DUNCKEL. Good morning to all of you. Thank you very much for inviting me here today to testify about some of the effects of Federal funding on the foster care system in California.

My name is Jeanette Dunckel. I'm chairperson of the California Foster Care Network Policy Board. The network project is a 5-year project funded by foundation funds, privately funded, to involve citizen volunteers all over the State of California in monitoring the implementation of Public Law 96-272, and our State implementing legislation S.B. 14.

The volunteers are working in 10 regional networks and I would like to touch briefly today on some of the things that they are noticing in their own counties as a result of the cuts in Federal programs, and the failure of Federal funding to keep pace with program costs.

We are seeing some improvements in the foster care system thanks to 96-272, and S.B. 14, including the 6-month court reviews, which will prevent children from disappearing entirely from view.

And we are also seeing a number of counties that have developed some very innovative services to protect children, and to have them reunited with their families through contracting with private agencies.

However, the increased mandates in 96-272, and S.B. 14, have coincided with an increase in referrals to the system, as you have been hearing this morning. And at the same time there seems to have been a slackening in the Federal resolve to actually change the foster care system.

We have in California about 28,000 children in foster care. The most difficult children, about 7,000 of them, are in group homes or institutions. And 21,000 of them are in foster family homes.

We've heard a great deal today about the age of the children in foster care. Two-thirds of our children are over the age of 10. At least 45 percent of them have a diagnosed physical or emotional problem that requires special services, and a special plan to be developed for them.

In addition, besides this background, we are now seeing—and the network members are reporting all over the State—that increasingly difficult children are entering the foster care system.

And we can see this because of some State department of social services statistics. The placements in group care, which is for the most difficult children, rose by 314 in 1 month's time from December 1983 to January 1984. And during that same time period placements in foster family homes declined by 200.

You know that when child abuse prevention services fail, it's title IV-E that picks up the board and the maintenance for these children so they can live safely away from their dangerous situations.

But it's title XX, and title IV-B, which are blended at the State level in this State, that provide the services to either maintain the families, put them back together, or find the children alternative permanent homes.

We're all aware that title XX, which started out at a $3 billion appropriation in 1981, has declined from that mark, and although it is on its way back up, it has yet to reach that $3 billion mark.

And title IV-B, as you know, has never had an appropriation at its authorized level of $266 million. Plus the fact that we face the threat of block-granting title IV-B with the child welfare training grants.

What does this mean to California specifically? Title XX funds in California decreased by 17 percent from 1980 to 1983. And title IV-B, after decreasing in 1981 and 1982, rose finally to a level where it has remained unchanged to this day.

At the same time the child welfare services cost, the cost of service in California, has increased 36 percent since 1981-82, which is just prior to S.B. 14, just before the new mandates went into effect, while title XX funding——

Chairman FORD. Pardon me. What has caused that increase in that 30 some percent?

Ms. DUNCKEL. The cause of the 36-percent increase in cost?

Chairman FORD. Right.

Ms. DUNCKEL. I think that it's probably more children in the system, and the increase in the cost, the actual cost of services.

Chairman FORD. Just actual cost. And I noticed earlier Mr. Stark had mentioned an increase, you know, in a number of children and all.

Ms. DUNCKEL. Yes.

Chairman FORD. Thirty-six percent is a somewhat huge increase in light of all the cuts that have taken place, as well.

Ms. DUNCKEL. Yes; that's right.

As I was going to say, the title XX funding is expected to increase only 7 percent over that period——

Chairman FORD. Right.

Ms. DUNCKEL. Taking into consideration the proposed 1985 fiscal year fund level. And title IV-B is expected to increase not at all. We received pretty much the same amount of title IV-B money that we always have.

This has put a tremendous strain on both the public and the private sector because what's happening is the private sector is being asked to step in where the Federal programs have been cut. And they are finding it's a tremendous drain on their own financial resources as a result because the funding has not kept pace with costs of providing those services.

Network members have reported both juvenile court judges and county welfare departments are complaining that they have seen a tremendous loss in placement options, especially for the more difficult children. What do you do with the child who has a major problem? Where can you place him? Placement options have been decreasing in the private sector.

Additionally, as you've been hearing, the public sector has been faced with a lot of layoffs of their own workers. Let me give you some statistics.

In Los Angeles County last month, in one 3-hour period, 30 new children entered—32 new children entered the shelter—15 of those were under the age of 2.

Now, this is something that we're beginning to see in California—an increasing number of very young children being referred to shelter care.

Investigations in Los Angeles of child abuse and neglect rose 62 percent. The number of children made dependents of the court is up 75 percent, while the number of workers declined 18 percent.

San Diego County: the child protective service caseloads run 50 to 60 per worker.

San Francisco has had an increase of 61 percent in the number of cases assigned to workers in just this last year.

Again, in San Francisco, in a new shelter system we're going to be hearing about, in 1 day last month 53 of the children in that shelter were under the age of 2, exactly half the population in that shelter.

Sacramento County lost 121 child protective service worker positions between 1978 and 1982 as a direct result of Federal funding cuts.

In Alameda County, preventive services have been reduced—three family service units have been totally eliminated.

When Alameda County Welfare Department answered a questionnaire from the Network on what it would take to fully comply with S.B. 14, the intent of S.B. 14, they said that they would reduce their reunification caseloads to 20, where they stand at 23 now.

And the permanent placement caseloads to 35, and they are now currently at 39.

I would like to touch on the lack of training money, the block-granting of the child welfare training grants. What this threatens is a specialized child welfare training curriculum in the schools of social work.

Chairman FORD. Pardon me, before you do that, is it a State program with the emergency shelter services, or is it by counties here in California?

Ms. DUNCKEL. You mean funded?

Chairman FORD. In a single 3-hour period, and 1 day in March, 32 new children entered. And I'm sure that you must have some kind of emergency shelter service, is that correct?

Ms. DUNCKEL. That's what is—they entered the emergency shelter service in Los Angeles.

Chairman FORD. Is that a State program, or is that implemented through certain counties?

Ms. DUNCKEL. I think that's entirely county funded there. But it depends on your county.

Chairman FORD. It depends on your county?

Ms. DUNCKEL. Whether it's a county operated program. It's funded by the——

Chairman FORD. So it's not a State program?

Ms. DUNCKEL. No.

Chairman FORD. They send the money throughout the State?

Ms. DUNCKEL. Every county has some sort of an emergency shelter.

Chairman FORD. Emergency shelter. OK.

Ms. DUNCKEL. Yes, and I think they're quite different from county to county. Some of them have Federal and State money in them, and some are entirely county operated.

Chairman FORD. But this is only for the emergency placement, right?

Ms. DUNCKEL. Only for emergency. It's supposed to be very temporary. About 30 days is what the limit is on shelters.

Chairman FORD. Are these State dollars?

Ms. DUNCKEL. In some cases they are. In some cases the county; in some cases a blend of Federal, State, and county. And private money, too.

Chairman FORD. I'm sorry?

Ms. DUNCKEL. You will be hearing about it, the San Francisco shelter, which is a blend of all of those things.

Chairman FORD. You may proceed. I'm sorry.

Ms. DUNCKEL. I'm almost done.

I was touching on the lack of training. I think we've heard a lot about that this morning. When title XX training dollars were block-granted the State had to make a decision between services and training. It came down on the sides of services. The training all over the State has been cut dramatically.

We also see a ripple effect in programs where there are no Federal funds, only State and county funds, such as the licensing unit, which is the evaluation unit. They evaluate the homes that the children are placed in. That has been cut dramatically all over the State.

Foster parent training you just heard about. It's scanty. It exists in certain parts, but what we're doing is asking these foster parents to take these increasingly difficult children without the support and training that they need to do a decent job.

So I would like to suggest that the Federal Government needs to take the lead once again, as it did in 1980, with the passage of 96-272, and declare its intent to protect and to serve these children.

Until such time as title IV-B and title XX are funded sufficiently, to really protect and serve all children, and get them permanent homes, title IV-E should be an open-end entitlement so that children can at least be maintained safely outside their homes.

And also because in title IV-E you find the adoption subsidy for the hard to place children who might otherwise not find a permanent home at all.

Thank you.

Chairman FORD. Thank you.

[The prepared statement follows:]

STATEMENT OF JEANETTE DUNCKEL, CHAIRPERSON, CALIFORNIA FOSTER CARE NETWORK POLICY BOARD OF THE CHILDREN'S RESEARCH INSTITUTE OF CALIFORNIA

The Children's Research Institute of California and the California Foster Care Network thank you for inviting us to testify and welcome this opportunity to come before the Public Assistance and Unemployment Subcommittee of the House Ways and Means Committee to discuss the effects of federal funding on the foster care system in California.

My name is Jeanette Dunckel. I am the Chairperson of the California Foster Care Network Policy Board. The Network is a five year project of the Children's Research Institute of California, sponsored by several California foundations, to involve concerned citizens in California with the issues surrounding the treatment of foster children in the state. The ten regional Foster Care Networks have worked in their local communities to monitor the implementation of SB 14, the state legislation to implement P.L. 96-272, the federal Adoption Assistance and Child Welfare Act of 1980. The Networks also assist in making improvements in the care of foster children at both the local and state levels. Today I would like to describe for you what the regional networks are finding in their counties as a result of recent federal program cuts and the failure of funding to keep pace with program costs.

The federal Adoption Assistance and Child Welfare Act of 1980 was passed with overwhelming bipartisan support to improve the lives of children in foster care, and to address the fact that large numbers of children were growing up in foster care in the United States without permanent families. The implementation of this law and SB 14, the state law, has resulted in dramatic improvements in the foster care system. Children are having their cases reviewed regularly within mandated time limits, service planning and delivery are now oriented to achievement of permanen-

cy for children, we are seeing reductions in foster care placements in counties which have followed the P.L. 96-272 mandates for a period of years, and counties are developing innovative services through contracting with private agencies to provide 24 hour protection for chidren and achieve reunification for families.

However, these increased mandates have coincided with an increase in referrals to the foster care system and a slackening in federal resolve to change that system. The message of P.L. 96-272 was that increased incentives would be given to states to keep children out of foster care or to find them permanent homes. Additional appropriations were to be given for services to achieve these goals. The promise of P.L. 96-272 has yet to be fully realized.

In California, as of January, 1984, we have 28,356 children in foster care. The most difficult of these children, 7,092 of the total foster care population, are in group care. About 21,200 are in foster family homes. Two-thirds of all our foster children are age 10 or older. Older children in foster care often enter the system suffering from mental, emotional or behavioral problems of their own, in addition to parental abuse and neglect. A recent publication by the California State Department of Social Services reported that in March, 1981, 45% of all children in foster care had "a diagnosed physical or emotional problem for which a special plan had to be developed." In a study of group care conducted by the Children's Research Institute in 1981, it was found that the typical group care resident is an emotionally disturbed adolescent with a history of parental marital instability, parental behavior problems, personal behavior problems, poor mental health, learning difficulties, and probably has two prior out-of-home placements. California Foster Care Network members all over the state are reporting that increasingly difficult children are entering the foster care system, and indeed, in recent months placement in group care have risen by 314 in one month's time (December, 1983 to January, 1984). During this same period, placements in foster family homes declined by 200.

When child abuse prevention services fail these children, federal Title IV-E provides them with board and maintenance while they live away from dangerous home situations. In order to rehabilitates these families, or safely prevent the need to remove the child in the first place, Title IV-B and XX provide funding for child welfare services. Tragically, funding for Title XX which stood at $3 billion in 1981, was cut drastically during 1982 and 1983, and is not beginning to climb back up, but has yet to reach the $3 billion mark. The proposed 1985 federal budget maintains Title XX at its current level, and expands its service responsibility to include those activities now carried out under the Community Service Block Grant. Title IV-B was cut by $7 million during 1982 and 1983, and rather than being budget at its authorized level of $266 million for 1985, it is proposed to be combined with Child Welfare Training Grants and maintained at its current level of $165 million. In California, Title XX funds decreased by 17% between 1980 and 1983; and Title IV-B, after decreasing in 1981-82, rose to a level where is has remained virtually unchanged to this day. Child welfare services costs in California have increased 36% since 1981-82 (prior to SB 14), while Title XX funding is expected to increase only 7% during the same time period, and Title IV-B not at all. Money from Title XX and IV-B is combined to provide emergency response and child protective services, as well as family maintenance and reunification services such as temporary in-home caretakers, out-of-home respite care, teaching homemakers, and parent training.

The cut in service money have put a tremendous strain on both the public and private sectors in California as they struggle to implement the new laws and to protect and service children. Private agencies are being asked to step in where services have been reduced, at the same time they are facing a major drain on their financial resources because federal dollars have failed to keep pace with the increasing cost of providing services. More and more private dollars are being use to make up the difference, but they aren't sufficient. The counties who used to rely on the private sector to provide specialized, highly flexible service are finding the availability of programs to serve special populations has diminished dramatically. Network members all over the state report that juvenile court judges and county welfare departments are findings a serious lack of placement resources, particularly for the more difficult children. One of the more pressing problems in California is the lack of federal support for children placed in foster care because of serious mental health problems.

In addition to this situation in the privage sector, county welfare departments have had to lay off large numbers of their own workers, and due to civil service requirements, have often been forced to replace children's services workers with inexperienced and unqualified personnel. All of this is happening at the same time requests for service are escalating. Some examples follow:

LOS ANGELES COUNTY

In a single 3 hour period one day this March, 32 new children entered shelter care in Los Angeles—15 under the age of two years. Between 1978–79 and 1982–83:

—Referrals to children's protective services rose 46%.
—Investigations of child abuse and neglect rose 62%.
—The number of children's services workers declined 18%.
—The number of front-line supervisors declined 27%.
—The number of case filings in Dependency Court has increased 35%.
—The number of children made dependents of the court rose 75%.
—There has been an addition of only one judge (a 14% staff increase) Children's Protective Services caseloads average between 79–106 per worker.

SAN DIEGO COUNTY

Emergency Shelter Care averages 317 children per month.

40,000 calls were received on the emergency "hot" lines during 1983.

Between 1981–82 and 1982–83 there has been an increase in the average of monthly emergency calls from 3,311 per month to 4,190 per month.

Intake and investigation have increased from 1,811 average per month in 1981–82, to 2,020 per month in 1982–83.

Child Protective Services caseloads average between 50–60 per worker.

SAN FRANCISCO COUNTY

There has been an increase of 43% in emergency calls between 1981 and 1983.

There has been an increase of 61% of referrals assigned to workers between January 1983 and January 1984.

A new emergency shelter designed to hold 76 children now consistently holds at least 110 children, and frequently increases to 130 children. On a single day last month 53 of the children in shelter care were under the age of two.

Child Protective Services caseloads average 28 to 30 (the ideal is 25).

Family Reunification caseloads average 22 to 23 children (18 is ideal).

SACRAMENTO COUNTY

There has been an increase of 85% in emergency calls. This increase amount to a 70% increase over the last three years.

Funding for Reunification and Permanency Planning increased 8.9% from 1980 to 1983.

Caseloads in the same unit during the same time increased 24%.

121 Child Protective Services positions were lost between 1978 and 1982.

ALAMEDA COUNTY

Preventive services have been reduced. Three units of Family Services have been eliminated.

Family Reunification caseloads average 23, Permanent Placement caseloads average 39.

To fully comply with the intent of SB 14, Alameda would reduce Family Reunification caseloads to 20, and Permanent Placement caseloads to 35. This would take 7 additional child welfare workers, one supervisor and one clerk.

Federal budget cuts in Child Welfare Training Grants, and the threat to block grant this money with Title IV–B, pose a serious problem if we want the states to be able to maximize their resources and achieve compliance with the law. Training grants were used in the Bay Area to provide specialized training in child welfare in schools of social work. In 1983, because of the reductions in federal funds, only three grants were awarded in California, and nothing of significance in Northern California. For example, San Francisco now no longer has student interns working with the county welfare department in children's emergency services. Further training of caseworkers and other child welfare personnel is needed to ensure the full application of the reforms and protections in P.L. 96–272.

In addition to cuts in services funded with federal money, the ripple effect of fewer federal dollars at the state level means we have experienced cuts in vital services funded solely with state and county money. Licensing units all over the state have been cut drastically. San Francisco is now receiving half of what they did in the past for these workers who evaluate the homes in which children are place. San Mateo has seen its available licensing dollars decrease by 37% since 1979–80. Licensing workers carry caseloads of 100 to 150 homes and now they are required to

evaluate only the physical environment, not the quality of the home or program as they did in the past.

Training for foster parents and care providers is another area that has suffered from the squeeze on funds at the state level. Training of the people who care for these children is essential to avoid burn-out and loss of outstanding providers and to screen out or educate those who need extra help in caring for today's increasingly difficult foster care population.

In summary, the federal government needs to take the lead once again, as it did with the 1980 passage of P.L. 96–272, in declaring its intent to protect and serve children in foster care. Until such time that Title IV–B and Title XX are funded sufficiently to be able to provide the services that keep families together, reunify them, or find other permanent placements for children, Title IV–E should remain an open-end entitlement in order to care for children who can't remain safely at home and to provide adoption assistance to aid in the adoption of special needs children, who might otherwise by unable to find a permanent home.

Chairman FORD. Ms. Shelly Brazier.

STATEMENT OF SHELLY BRAZIER, DIRECTOR, REGION IX RESOURCE CENTER FOR CHILDREN, YOUTH, AND FAMILIES, LOS ANGELES, CA

Ms. BRAZIER. Thank you. My name is Shelly Brazier, and I'm the director of the Region IX Resource Center for Children, Youth, and Families, which is 1 of 10 federally funded programs throughout the country.

Chairman FORD. You can pull that mike a little closer so that you won't have to strain yourself.

Ms. BRAZIER. I'm from Hollywood.

Chairman FORD. You're from where?

Ms. BRAZIER. Los Angeles.

The resource centers really have the incentive to provide training, technical consultation, and information exchange to facilitate the capacity of the public and private child welfare and youth serving agencies to respond to the needs of children at risk, and families.

In addition, many of the centers have focused their attentions on providing assistance to agencies in implementing aspects of 96–272.

When we were asked to develop a report on assessing the effect of the economy on the foster care system one of our strategies was to enlist the support of the other members of the national network of resource centers. So the material which I will be speaking to you on today will come not just from California, but also from Arizona and Tennessee.

The final report which will be submitted will also include materials from Washington State, Georgia, and Wisconsin. So it will be much more comprehensive than just the State of California.

And in order not to be redundant, because obviously many of the issues that you've heard today are very key issues, and do surface time and time again. I'll go over with you somewhat some of the things which we've identified in developing a questionnaire, and in interviewing both foster parents, foster care workers, and supervisors, and judges, and child welfare administrators in the three States which I mentioned.

No. 1 was the real attempt to look at the entry point into the system. That because as you heard today there have been dramatic increases in the number of child abuse and neglect reported cases.

In some counties there have been 200, 300 person increases, particularly when we look at cases of sexual abuse.

Many county and State agencies have found themselves very ill prepared to provide the preplacement prevention services which are very vital parts of 96-272. The timing of the Federal law was such that a number of the issues of concentration were spent on—initial time was spent on court review, administrative review processes, case management techniques. But more and more recently beginning to look at the question of preplacement prevention services.

Because many agencies are finding that they're ill prepared to respond to these children, and the increase reported cases, these children are entering the foster care system in larger numbers.

One of the reports that was submitted by the Wisconsin Department of Social Services, particularly since the Wisconsin area was very hard hit by the recession, and by unemployment rates, and reports by the National Committee for Prevention of Child Abuse, have indicated a sharp association between areas of unemployment—where the unemployment rate is high is where the child abuse figures are increasing.

Some counties, and some States, particularly in Arizona, have been somewhat innovated in targeting some of their preplacement prevention programs toward those counties which have been identified—counties which have been identified at being at higher risk, or perhaps stress.

It's a—it is not the best choice that is available to a State or county, but when we're dealing with limited resources it perhaps is a recommended direction to take, or at least one to explore.

One thing we've also noticed is, particularly in California, the number of voluntary placements for options for parents who are having trouble handling their children. Whether or not that's because of economic stress within the family; whether or not that's because the child is a problem child; but the ability to really afford that service to parents has declined tremendously.

Since 1979—in 1979 21 percent of the children in foster care in the State of California were in—were voluntarily placed by the children.

Mr. STARK. Has there been any change in abandonment numbers where one parent or the other will leave home so the other parent can qualify for AFDC? Is this an alternative?

Ms. BRAZIER. What we have is some reports where parents—these are both from parents and social workers, which are more anecdotal, which indicate that parents give reasons such as—mothers give reasons such as "I am unable to support my child. I'm unable to find housing." Particularly in areas where there is difficulty in finding housing, or whether that difficulty qualifies for AFDC. And they have chosen to try to place their children voluntarily. But it primarily is anecdotal information.

But the problem with the decline and the availability of voluntary placement, as I mentioned, has moved from 21 percent in 1979 to 2.3 percent of the children in 1983 who are able to be placed voluntarily.

Again, we're looking at training that's necessary for foster homes, particularly training for specialized foster homes, that

there's been a request for homes that are able to handle sexually abused children, sexually precocious children.

Also request for homes to handle children who are sibling sets. Children to maintain an intact family unit, and perhaps to reduce the severity of the impacted foster care system on them.

Another agency—only one agency out of all agencies we surveyed—and right now that would be probably about 34 agencies—had actually increased the number of foster parent recruiters, and actually increased the number of hours that they were providing training for foster parents.

The perception of both foster parents, and the administrators, is that they are providing such limited resources to support foster parents that the turnover rate is very great.

You mentioned earlier—you heard earlier the burnout factor of foster parents. In Los Angeles County there are estimated that perhaps, as opposed to a 5-year tenure for foster parents, we're down to 18-month tenure for foster parents.

And if you look at the investment in dollars in training that are involved in training of foster parents, to have that parent leave the system, and primarily a parent who perhaps had a good intent to provide quality services to children the cost is somewhat substantial.

Significant resources in training are being placed on facilitating new parents coming into the system, but very little is being placed on actually supporting those parents in the system.

But Arizona has an innovative model where they require 6 hours of foster parent training for existent parents, and 12 hours for those entering.

Out of the seven States that we surveyed, Tennessee was perhaps—Tennessee had perhaps the most comprehensive system for foster parent training, and that was 36 hours of available training for foster parents. It was not mandatory, but they were willing to offer 36 hours of training for foster parents.

One of the key problems, and this is a budgetary problem, is the lack of coordination between agencies involved in providing comprehensive services to multiproblem families. Much of our Federal—much of our moneys for child welfare services comes through categorical programs. And we realize that our parents, our families who are coming into the system, are parents who need comprehensive services which surpass the program guidelines of one particular funding piece.

There's a need for better coordination between the mental health services. And while we ask whether or not there has been a decline in the availability of medical services for children in foster care, the answer to that was primarily no. But there was recognition that it had been much more difficult to get mental health counseling services for children in foster care, and this is particularly critical when you realize that the more severely disturbed children are coming into the system.

But the gap between the rate that's actually paid foster parents, and what the costs are for providing services for the child, is substantial. And this also causes the turnover rate of quality foster homes.

A study in 1981 by Tennessee foster parents indicated that they spend probably $600 to $800 more per child per year than the State allows, and that those parents who are finding themselves in that position were also opting out of the system at earlier points.

We recognize now that Arizona's monthly allowance for children in foster care for teenagers, for clothing, is $25. And for personal cost is $12.50. Now, $25 a month for a teenager for clothing, and $12.50 a month for personal expenses for a teenager, it surpasses what we all know is what teenagers need, and would spend just on a basic level.

Chairman FORD. Give me a breakdown of some other States, if you don't mind. You mentioned Tennessee being $600 to $800 more per year.

Ms. BRAZIER. There was an estimate here in California that there's a $400 to $500 differential.

Chairman FORD. How much?

Ms. BRAZIER. $400 to $500——

Chairman FORD. $400 to $500?

Ms. BRAZIER. $400 to $500 differential. And in Washington State that there's a $200 to $300 differential.

But one of the reasons that we're finding also in some States a decline in the number of quality foster parents is that the economy is such that many women are returning to the work force. And they're finding that they're unable to maintain their positions as foster families—foster parents, particularly without the support to handle the children, and the differential, the gap between the approved rate and the actual expense.

What I'd like to say is, in closing, that while there are a number of innovative programs that are operating throughout the country which assist State and local governments in responding to the needs, the mandates in 96-272, that there is very little coordination, and very few mechanisms identified by the Federal Government to disseminate those models, and to assist State agencies and local municipalities in identifying ways of translating those models to their localities.

At this point, other than some of the activities of the regional resource centers, it rests with the network of personal contacts; some with the American Public Welfare Association activities, but there's very little coordinated effort.

Chairman FORD. How are you funded? Like the Resource Center for Children and Youth Services out of Los Angeles?

Ms. BRAZIER. The Region IX Resource Center is a federally funded program with the Department of Health and Human Services. And our geographic area is California, Arizona, Hawaii, and Nevada. And there are 10 other resource centers such as ours. We're scheduled to go out of business in September of this year.

Chairman FORD. Of this year.

You say there are 10 other centers. Are you saying 10 other centers across the country, or what?

Ms. BRAZIER. There are 10 regional resource centers throughout the country, and 1 national resource center for family-based services.

Chairman FORD. Now, it goes without saying that the Reagan administration, I guess, imposed a 1985 budget that does not reflect

the funding, I guess, on HHS, and that's why you will probably be forced to go out of business as of September 30, 1984?

Ms. BRAZIER. That's our understanding.

Mr. STARK. Just want to remind you where that's coming from.

Ms. BRAZIER. We're aware of the source.

Mr. STARK. Something just occurred to me. I don't know it. In California foster children are employed part time. Say they work at McDonald's. Are they allowed to keep that money, or is there a particular way we deal with that? Do you know? Is it the child's to spend as he or she will?

Ms. BRAZIER. I'm not sure what the provision for that is. I know in other States—in Hawaii, for example, there's a particular home that the State department of social services has funded which works with preemancipation youth in foster care, and private industry, to find jobs and traineeships for those children. And it's been very successful in helping them move out of the system.

Mr. STARK. How is it in your study that you didn't interview any of the clients, any of the foster children?

Ms. BRAZIER. One of the things that—in given the time that we had to put it together, one of the things that we did decide to do is to interview some emancipated foster children. But because of some of the needs for permission, and authorization for communication, we decided that that might be too difficult.

Mr. STARK. Is there a problem either in privacy, or other laws in this State, that would prohibit interviewing foster children that are under 18?

Ms. BRAZIER. No; there's no real prohibition against it, and we could have, I'm sure. But our sense was of a sense of intrusion into the child's life.

Mr. STARK. I'm a little confused, Ms. Dunckel. In your testimony, on page 6 you deal with Alameda County, and you suggest that the preventive services have been reduced. And then you say that to comply with the intent of S.B. 14, Alameda would reduce family reunification caseloads to 20, and permanent placement caseloads to 35. And that would take seven additional welfare workers, one supervisor, and one clerk.

Ms. DUNCKEL. Can't make it stand.

Mr. STARK. I can't figure that one out. Can you enlighten me a little bit? Alan may have figured it out already.

Ms. DUNCKEL. If they have additional workers it will reduce the caseloads. Caseload is the number of children or families that they are handling.

Mr. STARK. So the intent then of S.B. 14 is to have fewer cases per social worker? Is that the idea?

Ms. DUNCKEL. Well, the idea is to be able to handle your cases in an expeditious manner, and we're dealing with timeframes. And that's the problem. So the fewer cases you have the more you can work within the timeframes on that.

Mr. STARK. I appreciate your indulgence.

Chairman FORD. The subcommittee would like to thank the two panelists that are appearing before the committee today and testified.

The Chair will recognize Mr. Stark at this time for the next panel.

Mr. STARK. The fourth panel deals with the problem of the first step in the foster care system, the emergency shelter.

Nora Manchester of San Jose, Foster Care Policy Board; Dr. Sol Wasserman of San Jose, medical director of Children and Adolescence Psychiatric Inpatient Unit, San Jose Health Center; Ms. Lou Fox of San Francisco, program manager at the California Emergency Family Care Program, are the panelists.

[Pause.]

Chairman FORD. The Chair will recognize Ms. Nora Manchester at this time.

STATEMENT OF NORA MANCHESTER, CALIFORNIA FOSTER CARE NETWORK POLICY BOARD, CALIFORNIA CHILDREN'S RESEARCH INSTITUTE, SAN JOSE, CA

Ms. MANCHESTER. Well, thank you very much for inviting me to speak with you this morning. I also, like Jeanette, am a member of the California Foster Care Network Policy Board.

Additionally, I serve as the president of the Junior League in San Jose, and sit on our county juvenile justice commission, and our children's shelter board.

I became interested in children shelters only about 10 months ago when a grand jury report was released in Santa Clara County basically exposing all kinds of real difficult problems in our children's shelter.

The presiding juvenile court judge said "why don't you go down there and get involved and see what you can do?" And as a result, I have been spending the last 10 months looking at children's shelters in California.

I'm not an expert in child development issues. I am a volunteer. Why does a child enter the county emergency shelter?

Over a 1 month period this year in a nearby children's shelter, 158 kids were admitted. They included 69 boys, and 89 girls.

Children actually living in the shelter averaged 47 children. Twenty-nine of those kids ran away that month. Ran away from the children's shelter. I wonder why.

Why does the child enter the system? About 28 percent of them enter because there's no parent or guardian at home; because their parent is in jail, or in the hospital. About 25 percent of the kids that enter the shelter system are there because their parents are destitute. There's no suitable abode. They're lost. There's an unfit home, or they're waiting for placement.

An additional 8 percent are there because of parental neglect. Nine percent are there because of sexual molest. About 20 percent of the kids in the shelter have been physically abused.

What do these kids look like? Well, they tend to reflect the ethnic makeup of the county in which they reside. Over half are usually Caucasian. Others are black, Hispanic, and an increasing number are Asian, mostly Vietnamese.

Of the total admissions during the month to the shelter system I am speaking of, about 20 percent of those kids had been in shelters previously. We were getting a lot of repeaters.

How old are these kids? Children actually living in shelters are almost always teenagers. They're not the cute little babies. The

cute little babies are placed in satellite emergency housing. Older children, children who have been molested, children who have failed in placements, people the shelters.

Sometimes foster parents worry about having molested victims in their homes. Of the shelter admissions 53 percent are under the age of 8. These kids go to the emergency foster homes.

What do shelters look like? Well, they're all different. And that's because State and Federal Government leave it up to the counties to provide emergency care for the abused and neglected child.

Some counties are generous, and you're going to hear from some of those today. Some are not.

Because shelters are generally run by department of social services they tend to be organizationally out of place. Institutions for children are normally administered by county probation departments. A shelter is probably the only institution a department of social services would ever run.

The department might in some cases contract with a private nonprofit to provide emergency shelter for kids. Some shelters have bedrooms. Others line kids up in cots along the walls.

Who licenses shelters? Usually the State licenses shelters. In some cases the county may license its own shelter. They are generally governed by regulations covering licenses for foster family homes or group homes. Nothing special is required of the shelter, even though it houses our most damaged kids.

Licensing looks at the number of bedrooms, water heaters, all the things that Mr. Stark has already mentioned. They don't look at the credentials of the people providing services, and they really don't look at the quality of programming inside the shelters.

Let me tell you about a few specific kids. Cory spoke previously about being in the receiving home. That's basically what is meant by the emergency shelter.

The stories that I'm giong to tell you are close to the truth, but names and essential facts have been changed to protect the innocent.

There's Maria. Generally a file on an abused kid begins with father unknown. In Maria's case the father is described as sociopathic.

She was first referred to the shelter when she accused her father of kissing her pee-pee. She was 4. There wasn't enough evidence against her father. She was made a dependent ward of the court the following year when they were found living in a car, and neighborhood people complained.

Maria's first home was great. She loved her foster parents. That lasted only a year, however, because the foster father received a promotion and had to move back East. Maria was not allowed to go with them. Her mother had not relinquished the children, and was in a mental institution at the time.

Her second home didn't work out either. The foster mother adopted Maria's two brothers, but returned her to the shelter after a couple of years. They weren't compatible. Maria was described as hyperactive. She stole food. She didn't trust adults much. Small wonder.

Her third home was great, too, but that resulted in another failure because it was discovered that children in the house were par-

ticipating in sexual fondling. Some people believed that Maria introduced the activity.

An evaluation at a psychiatric institution stated that Maria was amenable to treatment. She did have difficulty trusting. Currently Maria is 13 and she lives in a group home, and keeps in contact with her older adopted brother. Maria wondered out loud "why am I bad? Why doesn't anybody want me?"

There's Robert. He visited six foster homes recently and found them all unacceptable. He has real good behavior in the shelter. He ran away from the shelter because he lost his staff assistant position. He was punished because he refused to participate in its placement plan. He hasn't heard from his parents in a long time. Robert is 14.

Shirley was born with spina bifida, and a clubfoot. She uses a urine bag. She says kids make fun of her because she walks funny. Her mother couldn't cope with her after a divorce. Shirley has trouble with her future. She seeks favors from boys. She refuses all psychotherapy as it includes her stepfather.

Juan is Hispanic. He's 13. He first was referred to the shelter at 2 months. His mother is a drug addict. She had lots of boyfriends and no one really knows who fathered Juan.

Over the years Juan has been in nine foster and group homes. He always failed to adjust. His mother sends him double messages. She has never been willing to relinquish custody. He's hypersensitive. He doesn't get along with other children. He plays in isolation. Juan's mother is afraid of him. He threw a knife at her during a recent visit. His other siblings live at home. Juan lives in a shelter.

These stories really are not unusual. The children who are in our shelters are these kids. They are the kids that to some extent are known as the unadoptable.

I will probably agree with almost every speaker that has been here this morning in terms of talking about solutions to the problem. I think that children shelters are sort of way out here with absolutely no oversight by either the State or the Federal Government in terms of any quality of programming.

I would concur with the need for funding for the guardian ad litem program. That's an optional program. that some counties have participated in. Alameda has not, and neither has Santa Clara.

Shelter kids are a lot like strays in your local animal shelter. Many are considered unadoptable. They're too old; they have physical defects; they might bite; or they might bark. Decisions about their life to come are made very quickly with very little oversight by either the child, or anyone else on the outside.

Actually, abuse at animal shelters is probably better documented than abuse at our children's shelters.

[The prepared statement follows:]

STATEMENT OF NORA MANCHESTER ON BEHALF OF THE CALIFORNIA FOSTER CARE NETWORK OF THE CHILDREN'S RESEARCH INSTITUTE OF CALIFORNIA

My name is Nora Manchester. I am a member of the California Foster Care Network Policy Board. The Network is a five year project of the Children's Research Institute of California. The project is funded by California foundations. Its purpose

is to involve concerned citizens in California with the issues surrounding the treatment of our children in foster care throughout the state.

Additionally, I serve as President of the Junior League of San Jose and sit on our county Juvenile Justice Commission and our Children's Shelter Board.

I became interested in Children's Shelters less than a year ago while investigating the implementation of P.L. 96-272 in Santa Clara County. A Grand Jury report, similar to reports written throughout the state in recent years, scolded the County for failing to meet the needs of abused and neglected kids. Grant Jury reports seldom create much change unless supported by county administrations. The Presiding Juvenile Court Judge challenged me to "get involved out there" and find ways to improve life for the kids who lived there.

I am not an expert in child development issues. I am a volunteer. My bias is to provide the abused and neglected child with what he or she needs to make it in our society.

WHY DOES A CHILD ENTER A COUNTY EMERGENCY SHELTER?

Over a one month period this year in a nearby Children's Shelter 158 children were admitted into the Shelter. They included 69 boys and 89 girls.

Children actually living in the Shelter averaged 47. 29 runaways occurred that month. I wonder why?

44 children were admitted to the Shelter system—consisting of the Shelter itself and satellite emergency foster homes—under the 300 A section of the California Welfare and Institutions Code. There was no parent/guardian present or willing to provide care and control; no parent/guardian at home because they were in jail or in the hospital; or because of some extreme family conflict.

39 or 25% of the kids were admitted under 300B—their families were destitute, there was no suitable abode, lost minors or found minors; an unfit home; a court order; child awaiting placement; child having a placement failure.

13 children were admitted because of parental neglect—8%.

14 children were admitted—13 of them girls—because they were sexually molested. That's 9% of the total admits.

31 children were admitted because their parents physically abused them—20%.

WHAT DO THESE KIDS LOOK LIKE?

They tend to reflect the ethnic make-up of the County in which they reside. Over half are Caucasian, others are Black and Hispanic and an increasing number are Asian, mostly Vietnamese.

Of the total admissions during the month to the Shelter system, about 20% have been admitted previously.

HOW OLD ARE THESE KIDS?

Children actually living in Shelters are almost always teenagers. Children under eleven in most counties are placed in emergency satellite housing. Older children, children who have failed in placements, sibling groups, girls who have been molested, children who have "failed" in placements, people the Shelter. Sometimes, foster parents worry about having molest victims in their homes.

53% of Shelter admissions are under the age of eight. These children were in emergency foster homes.

WHAT DO SHELTERS LOOK LIKE?

They are all different. That's because state and federal governments leave it up to counties to provide emergency care for the abused and neglected child. Some counties are generous. Some are not. Because Shelters are generally run by Departments of Social Services, they tend to be organizationally—out of place. Institutions for children are normally administered by County Probation Departments. A Shelter is probably the only institution a Social Services Department runs. The Department might in some case contract with a private nonprofit to provide emergency shelter for its kids. Some Shelters have bedrooms, others line them up in cots against the walls.

WHO LICENSES SHELTERS?

Usually the State licenses Shelters. In some cases a county may license its own Shelter. They are generally governed by regulations covering licenses for foster family homes or group homes. Nothing special is required of a Shelter—even though

it houses our most damaged children. Licensing looks at the number of bedrooms, fire alarm systems, and position of water heaters. Licensing in California does not look at the quality of programming. It doesn't look very hard at the credentials of the individuals working with our abused. Juvenile Justice Commissions may inspect Shelters but their powers are limited.

SPECIFIC KIDS

Let me tell you about a few specific kids. The stories are close to the truth but names and essential facts have been changed to protect the innocent.

There's Maria. Generally, a file on an abused kid begins with "father unknown" but in Maria's case her father is described as sociopathic. She was first referred to the Shelter when she accused her father of "kissing her pee pee." She was four. There wasn't enough evidence against her father. She was made a dependent ward of the court the following year when they were found living in a car and neighbors complained.

Maria's first home was great. She loved her foster parents. That last only a year however because the foster father received a promotion and had to move back East. Maria wasn't allowed to go with them. Her mother had not relinquished the children and was in a mental institution at the time.

Her second home didn't work out for her. The foster mother adopted Maria's two brothers but returned her to the Shelter after a couple of years. They weren't compatible. Maria was described as hyperactive. She stole food. She didn't trust adults much—small wonder.

Her third home was great too, but that resulted in another failed placement because it was discovered that the children in the house were participating in sexual fondling. Some believed Maria introduced the activity.

An evaluation at a psychiatric institution stated that Maria was amenable to treatment. She did have difficulty trusting. Currently, she lives in a group home and keeps in contact with her older brother.

Maria wondered out loud—Why am I bad? Why doesn't anybody want me?

Then there's Robert. He's visited six foster homes recently and has found them all unacceptable. He has good behavior in the Shelter. He ran away when he lost his staff assistant position. He was punished because he refused to participate in his placement plan. He hasn't heard from his parents in a long time. Robert is 14.

Shirley was born with spinabifida and a club foot. Shirley requires a urine bag. She says kids makes fun of her because she walks funny. Her mother couldn't cope with her after a divorce. Shirley has trouble dealing with her future. She seeks favors from boys. She refuses all psychotherapy if it includes her stepfather.

Juan is Hispanic. He's 13 years old. He first was referred to the Shelter at two months. His mother is a drug addict. She had lots of boyfriends. No one knows who fathered Juan. Over the years, Juan has been in nine foster and group homes. He always "fails" to adjust. His mother sends him "double messages." She has never been willing to relinquish custody. Juan is hypersensitive about his mother. He doesn't get along with other children. He plays in isolation having only superficial relationships with adults. Juan's mother is now afraid of him. He threw a knife at her during a visit. Juan's other siblings live at home. He lives at the Shelter—it's his home.

These stories aren't unusual. They represent the degree to which our society has substituted institutional neglect for parental neglect. These children are described as "unadoptable." They have too many problems. They have "failed" to adjust too many times.

WHAT DO SHELTERS NEED?

Shelters need substantive oversight. If Licensing doesn't look at the kids and their real needs in the Shelters, then somebody needs to.

Shelters needs organizational support. If Social Services Departments aren't institutional experts then consultants need to be available to help them develop a program that responds to the needs of the damaged child. Trainers could provide improved staff development.

Shelters need minimal staff credentials. Times have changed. Kids are more seriously disturbed. Staff need tools to work with them.

Our abused and neglected are serviced by too many different agencies. There's limited coordination. There's limited communication. There's limited understanding of the real needs of the abused and neglected child. A Department of Children's Services might provide a more coordinated review of a child's needs.

Children's Shelters need fiscal incentives to provide optimum services for children.

Performance standards and case monitoring procedures must be developed to prevent multiple placements.

Resources must be developed for the "unadoptable" child. The Shelter population is falling through the cracks. Workers can't believe they'll ever make it in a home. At 13 they are condemned to a series of foster and group home placements. Are they really unadoptable? What kinds of resources might aid in their receiving the kind of support services necessary to cope with the betrayal they've suffered at adult hands?

The counties aren't uniformly doing their job and the state provides only licensing. I challenge you to consider federal incentives to assist counties in Shelter children receiving a chance for permanent placement.

Shelter kids are a lot like strays at your local animal shelter. Many are considered unadoptable—they're too old, they have physical defects, they might bite or bark. Decisions about their life to come are made quickly. There is little oversight. Actually abuse at animal shelters have received a lot more public attention than children housed in Shelters.

[From the Tribune, Thursday Apr. 5, 1984]

Custodial Home Accused of Mistreating Youngsters

(By Marina Gottschalk)

Martinez.—A federal lawsuit charges that youngsters housed at Contra Costa County's short-term residential care home here are abused.

The suit, filed yesterday in U.S. District Court in San Francisco by Oakland attorney Anna de Leon on behalf of 16-year-old Cindy H., alleges the staff inflicted corporal punishment and forced isolation on the girl and deprived her of proper medical care.

"Children (at the center) are routinely deprived of the use of personal possessions, denied free access to telephones, denied unmonitored visitation with family, friends and social workers, and denied medical, psychological and other necessary services," the suit contends.

"In short, children who have committed no crimes are given worse care and fewer privileges than adults incarcerated in the state prisons and county jails," the suit said.

The center, called Lion's Gate, is operated by Health Care Delivery Services Inc, of Los Angeles under contract from the county.

It houses and cares for children removed from their homes either because they have been abused by their parents or because stays in foster or group homes have not worked out.

The county ran the center until January 1983, when it contracted out the service to obtain state and federal funding.

Named as defendants were the county, Lion's Gate, Health Care Delivery Services and its top officers, Robert E. Jornlin, the county social services director; Mel Wingett, former county administrator; and Arnold Leff, former health services director.

Officers of Health Care Delivery Services Inc. would not comment because they had not seen the suit. Jornlin could not be reached for comment.

Cindy H., as she is named in the suit, was removed from her home 10 years ago because she had been sexually abused and placed in a foster home, said de Leon.

In September, her foster parents asked the county to take her back because of truancy and minor behavorial problems, according to de Leon, who said the girl was then put in Lion's Gate, where a high dosage of tranquilizers was prescribed and then suddenly stopped.

Her attorney contends she was struck by staff members for breaking rules and put in the "pink room," an isolation room.

Cindy ran away from Lion's Gate in early October and was found several days later in San Francisco wandering in Dolores Park, totally disoriented, said de Leon.

She had been repeatedly raped, molested and pumped full of drugs, her lawyer said. Police took her to jail, then returned her to Lion's Gate.

At the insistance of her social worker, Cindy was removed from Lion's Gate and placed in a group home, de Leon said. There she received medical attention and it was discovered she had contracted herpes and gonorrhea.

"Cindy did not receive the prescribed medical attention and received no medical attention when she should have," at Lion's Gate, de Leon charged.

Lion's Gate is licensed to house 25 children, aged 7 through 17. Its occupancy rate varies monthly. It takes 21 children to break even on costs, said Rose Manning, the county's director of special operations in the Social Services Department.

Manning confirmed that last September, when the occupancy rate dropped to six, a memor was sent by the Social Services' Department to social workers stating that all children over age 12 should be temporarily housed at Lion's Gate.

A number of social workers said they didn't want to send children to Lion's Gate because the staff was abusive and the treatment was inhumane, according to de Leon.

Manning said that even prior to the memo it was the county's policy to send the children to Lion's Gate and the memo was issued as a reminder because of the declining occupancy rate.

Responding to charges made in the suit, Manning said visits by families are monitored in the best interests of the children because frequently children have been removed from a home where they were abused.

"Children sometimes need a time out," said Manning, in referenced to children being sent to the "pink room."

The light pink color is considered tranquil, she said, and sometimes children ask to go there. She said they are not locked in.

The suit asks for general and punitive damages to be determined, and an injunction against continued inhumane treatment.

It also asks that a program be adopted to comply with federal civil rights laws to ensure that children receive humane custodial care and that an independent monitor be appointed to ensure that the program is implemented.

"We would like to see Lion's Gate closed down," said de Leon. "The county has an obligation to run a facility that meets the needs of the children, treats them humanely. The county has been negligent."

Chairman FORD. Thank you. Ms. Lou Fox, the program manager for the California Emergency Family Care Program.

STATEMENT OF LOU FOX, PROGRAM MANAGER, EMERGENCY FAMILY CARE PROGRAM OF THE CHILDREN'S HOME SOCIETY OF CALIFORNIA, SAN FRANCISCO, CA

Ms. Fox. I am Lou Fox. I thank you for the opportunity to present before this committee about a preplacement prevention program that works.

Frightened children, when taken from familiar surroundings because of sudden illness, abuse, or poorly functioning parents, feel more than shame, terror, and loss, and they must face the anxieties while they're being shipped from one strange environment to another.

Once a home is shattered in this way, even if only for a few days, it's really questionable whether the family can overcome the impact of this event.

In addition to the emotional trauma that's involved, the unnecessary removal of children from their homes sets into motion a chain of events that involves large expenditures of both private and public funds to pay for for the groups homes, foster homes, and individuals that staff these agencies.

An example of an unnecessary out of home placement recently occurred in San Francisco County, in which seven children, 11 to 1 year of age, were placed in three different foster homes because the two parents and totally disabled aunt kept a house that was found disordered, foul smelling, cluttered, and moldy. The roof was so bad that two of the rooms were totally unusable.

Also the children were found to be poorly nourished. So these seven children were placed in the three different foster homes. The

reason this placement was unnecessary was because there are community services that could have kept this family intact.

Then why did this happen? Because it's much easier to place, out of sight, out of mind, than to have somebody coordinate the necessary services that are already there in that community to keep that family intact.

There are many community-based services in a variety of California counties that help prevent the removal of children from their homes. One of the most effective programs is the family care program which provides in-home supportive services to families under stress, and at risk of abusing or neglecting their children.

This program provides 24 hour home based services to improve family functioning, while concurrently reducing the number of out of home child placements.

This program is a product of public and private sector marriage. It was developed in the private sector with close cooperation from the local Department of Social Services, and other private and public agencies. The funding has also been a combination of both public and private sources.

Fourteen family care workers who are the paraprofessionals are specially trained and professionally supervised to provide these around-the-clock services, and they work in teams with one of three social workers.

These family care workers, Mr. Jenson, you have referred to earlier as homemakers. We're now calling them family care workers because they're trained in a different way than homemakers.

I like what Elsa Ten Broeck reported earlier. I think these services really work, but I think one of the most important things is you have to have early access. In other words, they don't have to be already part of the system for you to begin working with them. If you receive these referrals early on then you can work with the family far more effectively, and prevent children from ever coming into the system.

The kinds of services that these workers provide are crisis and ongoing counseling. They provide and model appropriate child care. They demonstrate effective parenting skills, whether it's how to discipline a child, or teach toilet training. They provide in-home respite. They also serve as parental substitutes, so when the parent has to go in the hospital, or in jail, as Nora just referred to earlier, these people go into the homes and become parent substitutes in the temporary absence of the parent.

They also teach household management, budgeting, schedules, and some sense of order. They provide nutritional guidance and most importantly, they link families with ongoing resources in the community, so that when the workers pull out these families don't just fall apart.

About the family with the seven children in the three foster homes—Judge Hanlon was here earlier today, and he personally ordered this program to be involved before those seven children could return home. His question was "why weren't you in there to begin with?" Well, we didn't get the referral to begin with.

What we did was help that family with budgeting so that they could allocate a certain amount of their money to take care of their dilapidated house, which they own.

Also, we helped with nutritional guidance so those children were properly fed. We provided 7 weeks of services to that family, and we have just recently completed a 1-month visit to see how they're doing, and currently they are doing fine.

Another example is a 29-year-old mother who the Department of Social Services said "if you don't go into a detox program you lose all your kids." She has six children, ages 1 through 6. One was already in foster care. One child has cerebral palsy, and the mother had to go in a 28 detox program. They called us in to literally coordinate and to be parent substitutes for those 28 days.

Mr. STARK. What's a 28 detox?

Ms. FOX. Detoxification program for her alcoholism. I'm sorry.

Mr. STARK. Twenty-eight days?

Ms. FOX. Right, 28 days out-of-home medical detoxification program.

We went in there and coordinated—amongst the support systems that were already available. She had friends and family, but no one person could take care of those five children all under the age of 6, for 28 days. But we coordinated a system whereby the neighbors, and their friends, as well as our staff, took care of those children around the clock. That also meant coordinating with the schools, the day care programs, particularly the special programs for the child with cerebral palsy.

After the mother returned home from the detoxification program we got her into an ongoing women's alcohol coalition program, and continued to help the mother continue with the schedule that we had put in place to help her manage the five kids who were in various different schools, and various different programs.

Why do in-home supportive services work? Because they are intensive, and they're flexible, and they stay all night. At 2 o'clock in the morning staff will go into very bad neighborhoods. The services are tailored to meet the individual family needs. The family, not the individual, is the focus of service.

Also, these services are rehabilitative. They're not dependency producing. You work with the family, not for the family. The family is very much involved every step of the way in those services that are provided. The families actually sign a written agreement as to what their part of our services will be.

In-home supportive services are also cost-saving in terms of public dollars, and that is due to several reasons.

First of all, you reduce the number of placements by providing in-home supportive services. You also reduce the number of long-term placements by earlier return.

Also, the length of services is much shorter to provide intensive home based services than it is for years of going through the foster care system.

With the family being the unit of service, as opposed to each individual, the cost of coordinating their care is cheaper.

Also, the organizational structure that is needed to provide home based service, as opposed to the number of agencies that become involved in the placement process, is cost effective.

There are numerous problems with prevention services. I think the key ones are, first of all, late referrals. If the family isn't identified early on, and referred early on for prevention services, then

you're not going to be near as effective. And oftentimes preplacement preventive services are utilized as a last-ditch effort. Welfare social workers frequently state, "Well, let's try this service before we remove the child." But if the family is referred early on it could be far more effective.

I think funding is another major problem. Although 96-272 sets the way for funds to be shifted from out-of-home care to preplacement preventive services, that, in fact, has not actually happened. Funding that is available for these prevention programs comes from sources other than those that are used to pay for out-of-home care.

I think another key problem is targeting the high risk children. How do you identify the child that's appropriate for these services; the child that really is at risk of out-of-home placement so that you aren't doing what is called creaming—taking the cases that are not all that severe just to show that you've been able to keep all these families out of out-of-home care.

To develop criteria to determine which child is at risk of placement I think is critical. We were lucky to receive a Ford Foundation grant that helped us develop an information system that is specific for child abuse prevention programs. This model has been used in another California county, and is now being circulated around the country.

We have seen how in-home supportive services work to prevent out-of-home care. I think that if you receive early referrals to these programs, and a shift of funds to support them, this will help keep these families together.

Thank you.

[The prepared statement follows:]

STATEMENT OF LOU FOX, PROGRAM MANAGER, EMERGENCY FAMILY CARE PROGRAM, CHILDREN'S HOME SOCIETY OF CALIFORNIA, SAN FRANCISCO, CA

I am Lou Fox, Program Manager of the Emergency Family Care Program of Children's Home Society of California. I have worked with abused and neglected children and their families for 13 years in the areas of prevention, identification, and treatment. I have been invited to address this committee about our Emergency Family Care Program, a program that provides the types of services that prevent child abuse and neglect, and subsequent family breakup.

FAMILY BREAKUP

Frightened children taken from familiar sorroundings because of sudden illness, abuse or poorly functioning parents feel more than terror, shame, and loss and must face these anxieties among others while being shifted from one strange environment to another. Once a home is shattered in this way, even if only for a few days, it is questionable whether the family can overcome the impact of this event. In addition to the emotional trauma involved, the unnecessary removal of children from their homes sets in motion a chain of events that involves large expenditures of both public and private funds to pay for group homes, foster homes, and professionals that staff the various agencies involved in these processes.

For the first time in the history of Child Welfare, federal legislation (PL96-272), addresses the need to provide services to families that reduce the number of out-of-home child placements. This deinstitutionalization of children is part of a broader, national trend that includes the mentally disabled, the elderly, and persons processed through the criminal justice system, especially juveniles (Children's Defense Fund, 1978). The movement to "mainstream" America's dependent populations has taken various approaches, such as community-based facilities, halfway houses, group homes and in-home services.

Deinstitutionalization, as an alternative to out-of-home placement of children, refers to specific efforts to prevent, postpone or reduce the need for out-of-home

care, and enable children to remain in less restrictive family and community settings. This alternative requires the availability of a range of options within a community, such as specialized services for the "seriously acting out," multiply handicapped children, day treatment and home-based services, among others.

CHILD ABUSE PREVENTION PROGRAMS

Since abused and neglected children comprise one group of children at risk for out-of-home care, options to deter placements need to address the specific problems of this population. Child abuse prevention services address the reasons WHY children are abused and neglected and removed from their homes; namely, inadequate parenting skills, inappropriate outlet for family stresses, lack of coordination of community resources, and absent parent(s). The range of preventive services included:

In-home and out-of-home respite care,
Home-based services (provided by emergency caretakers and teaching and demonstrating homemakers),
Parent support groups,
Parenting classes,
Parental stress hotlines,
Child care,
Day care,
After school programs, and
Recreational programs

among others. The effectiveness of these programs is contingent upon the quality and efficiency of services, 24-hour accessability, adequate funding, and services that are accessible and affordable to families.

THE EMERGENCY FAMILY CARE PROGRAM—AND IN-HOME PREVENTIVE SERVICE

The City and County of San Francisco, as well as other California counties, provide many of these child abuse prevention programs. One of the most effective prevention programs in San Francisco is the Emergency Family Care Program, which provides in-home supportive services to families under stress and at risk of abusing and neglecting their children. The program provides 24-hour home-based services to improve family functioning while concurrently reducing the number of out-of-home child placements.

This program is a product of a private and public sector marriage. A private, nonprofit agency developed this program in close collaboration with the San Francisco Department of Social Services and numerous other public and private child welfare agencies. Initially the program was primarily supported by numerous private funding sources. Gradually, the public sector funding increased, and the program now receives 80% of its funding from the State and Local Department of Social Services.

Children's Home Society of California, which is a private, nonprofit agency, operates this preplacment prevention program. Since 1982, Children's Home Society of California has worked with the City and County of San Francisco to provide emergency shelter care for abandoned, neglected, and abused children. The Emergency Family Care Program provides a viable alternative to shelter care, broadening the agency's ability to deliver a more comprehensive array of services. The options of removing the child from his or her home or keeping the family intact are now coordinated within one child welfare service delivery system, providing a continuum of care alternatives to meet chldren's needs.

Fourteen family care workers (formerly known as homemakers and caretakers), are specially trained and professionally supervised to provide round-the-clock home-based services. Each family care worker works as a team member whith one of three social workers. To enhance our ability to gain trust and understanding from the families we serve, the ethnic diversity of the direct service staff is representative of the population we serve.

PROGRAM SERVICES

The amount and types of services are tailored to meet the particular needs of each family. Families can receive services from one day to two or three months, or longer according to specific family needs. Short term, intensive services could include 24 hours a day, 7 days a week if necessary. In-home service include the following:

Providing crisis and ongoing counseling;
Providing and modeling appropriate child care;

Demonstrating effective parenting skills (disciplining, toilet training, etc.);
Providing in-home respite;
Serving as parental substitutes in the absence of parent(s) or parental figures (due to hospitalization, incarceration, etc.);
Teaching household management (budgeting, health and safety precautions, estabishing schedules and a sense of order, etc.);
Providing nutritional guidance (purchase, preparation and storage of food);
Assisting with housekeeping tasks (cleaning, shopping, laundry, etc.); and
Linking families with the appropriate community resources (welfare department, day care, health and medical care, etc.).

The following case examples illustrate how families remained intact due to early intervention of home-based services.

I

A 45-year-old grandmother, overwhelmed by the care of her 9-year-old grandson who was neglected and periodically abandoned by his mother, called the Department of Social Services to have the child removed. The Department referred the case to the Emergency Family Care Program who helped with some parenting skills, counseling, in-home respite, and set up day care after school for the boy. The program also helped the grandmother follow through with appropriate avenues to secure legal guardianship.

II

A 19-year-old single parent with three young children called the Department of Social Services to have her children removed because she could no longer cope with them. She was without support systems, no family, no friends, isolated in her neighborhood and in her own apartment. The Emergency Family Care Program provided home based respite, supportive counseling, and connected her with on-going support systems such as the parental stress line and a self-help support group to reduce her isolation and to assist her in continuing to develop her parenting skills.

III

A 29-year-old mother of 6 children, ages 1-6 years old, who was referred by the Department of Social Services for help with caring for her children while she underwent a 28-day detoxification program to come off alcohol. Her attendance was under threat of losing her children. One child was presently in foster care. Keeping the other children in their own environment rather than splitting them into multiple foster homes was the goal.

The Emergency Family Care Program coordinated closely with the Women's Alcoholism Center day care, friends, neighbors, the children's school programs, hospitals for medical appointments, the Golden Gate Regional Center (one child is developmentally delayed and needed special care and a special school program), and the Department of Social Services for overall monitoring as well as financing support for supplemental babysitters. The Emergency Family Care Program developed a network of neighbors as well as daycare and school personnel to continue helping this mother after she returned home.

During the 28 day period, the program worked out daily schedules for each child, bought and prepared food, did laundry, took out garbage and managed the daily tasks needed to maintain a large family. Service was provided on a 24-hour basis for 28 days either directly or by monitoring other systems. This included evenings, overnights and weekends.

As a result, the children remained in their own home. The mother completed detoxification and entered an on-going program at the Women's Alcoholism Center. The Emergency Family Care Program continued to help with supporting the mother in managing the children's many appointments and complicated school and day care schedules, as well as daily household management. This case was closed after 2 months of service.

WHY HOME-BASED SERVICES WORK

Effective home-based services are intensive, extensive, and comprehensive, and the family, not the individual, is the focus of service. Rather than providing individuals within families with fragmented, uncoordinated services, in-home services work with the family as a unit.

In-home supportive services are rehabilitative rather than dependency-producing. When individuals return home from their out of home placements, the very same

problems that caused removal often resurface—separation alone does not resolve the problem. The result is usually the self perpetuating cycle of ineffective placements that are long-term and costly in tax dollars and human misery.

Services provided in out-of-home settings are usually provided on the basis of "doing to" or "doing for" the individual, instead of "doing with" the family. The provision of intensive involvement in home-based services focuses on the *causes* of family stresses. Months of home-based services versus years of out-of-home placements have more favorable, lasting outcomes and are less costly.

COST ANALYSIS

The provision of home-based services in child protective services is universally viewed as a more positive alternative than out-of-home placement in terms of social desirability and human costs. It is also generally agreed that in-home services present a considerable cost savings in the expenditure of public funds. This cost savings of in-home care versus out-of-home placement can be attributed to:

—the number of short term placements prevented by providing this alternative service,
—the reduction in the number of long term placements through earlier return to the home,
—the length of service period needed for in-home care compared to the "recycling" of children through foster care placements, often to legal maturity,
—the cost of providing services to the family unit versus the cost of providing care for each member in placement,
—the type of organizational structure necessary to deliver in-home services as compared to the numerous public agencies involved in the placement process.

PROBLEMS OF CHILD ABUSE PREVENTION PROGRAMS

Of all the problems that face prevention programs, the 3 key problems are the following:

LATE REFERRALS

Many child abuse prevention services are not utilized in a timely fashion. Preventive services, such as the Emergency Family Care Program, are most effective if they are provided very soon after that family has been identified as being at risk of child abuse or neglect. Chances for successful intervention with a family are far less likely if the referral is made after the family has been reported for suspected child abuse several times, or has been known to the Department of Social Services for months or years. The following case example illustrates how a family was split up because home based services were not first utilized.

A family of 7 children ages 11 to 1 year, living with 2 parents and a totally physically disabled maternal aunt in a home described as disordered, foul smelling, cluttered and moldy. Three children were born with congenial respiratory problems necessitating special nursing care, special equipment and surgery. Nurses in the home reported to the Department of Social Services 5 times until all the children were placed in 3 different foster homes in 1983 for about 3 weeks. The Emergency Family Care Program was not involved until prior to the dependency hearing in December, 1983 to work with the family as condition for the children returning home. With the program's help, the parents, both on SSI, are refurbishing the home to create sanitary conditions for the children to live in.

INSUFFICIENT FUNDING

Lack of adequate funding often plagues child abuse prevention programs. Traditionally, child welfare funding has been poured into out-of-home services for children, with little, if any, funding earmarked for prevention out-of-home child placements. Even though the concept of shifting funds from out-of-home care to pre-placement prevention services was initiated by PL96-272 and California's SB14, in reality, these funds have not been shifted to pre-placement services. The few prevention services that receive public monies are from sources other than those used to pay for out-of-home care.

TARGETING HIGH RISK CHILDREN

Another major program that child abuse prevention programs face is knowing how to identify the appropriate family. Many of these programs are relatively new and lack the sophistication of developed criteria to determine which children are at

imminent risk for out-of-home placement. We have learned that specific questions need to be asked consistently when referrals are made to preventive programs. For example, "Without Emergency Family Care services, will this child be placed in out-of-home care?"

The Emergency Family Care Program resolved this particular problem with a 2 year Ford Foundation grant that provided for the development of a decision focused case management information system that is in compliance with PL96-272 regulations. This information system, designed for micro computers, is a model for all child abuse prevention programs throughout the country and is being made available by the program upon request. It is currently being utilized by other California programs providing home-based services to families and is being adapted for respite care programs as well.

If child abuse prevention programs were adequately funded, utilized when stressful families are initially identified as being at risk of child abuse and neglect, and targeted those families most appropriate for services, fewer children would need to be removed from their homes.

Chairman FORD. Thank you, Ms. Fox. Dr. Wasserman?

STATEMENT OF DR. SAUL WASSERMAN, MEDICAL DIRECTOR, CHILDREN AND ADOLESCENCE PSYCHIATRIC INPATIENT UNIT, SAN JOSE HEALTH CENTER, SAN JOSE, CA

Dr. WASSERMAN. I think I'll start off with some data, and then some observations.

First of all, last year there were six children under the age of 5 who died in Santa Clara County at the hands of parental mistreatment. There are about 250,000 children in the county, incidentally.

There were also 36 young children of the age of 5 who died, whose death was considered to be accidental. We don't know how many of those deaths also were associated with parental mistreatment, or failure of supervision. A child falls out of a window and dies. We just don't know.

The intake screening unit in Santa Clara County receives approximately 800 referrals a month. Those cases are triaged, and culled down to about 400 cases a month, which are referred to child protective services.

The child protective services group in Santa Clara County has about a pool of 1,600 families now for 250,000 children that they're working with on 6 month contracts. Of course, you should realize that while 6 months was designed as the minimum services for CPS under the new law, in practical terms 6 months has also become the maximum because the resources are not available to provide services beyond that.

About 100 cases a month are petitioned in Santa Clara County to go to dependency for home removal.

Now, it might be interesting for you to know that the person who has to evaluate these cases in terms of preparing them for court has approximately 6 hours a case to deal with the situation.

Now, there have been some attempts to offer services to these families, but if the family is not cooperative, or accepting a CPS referral, it means they have 6 hours to make a decision. That means talking with the child, dealing with the recalcitrant and difficult parents, talking to school people, talking to relatives, talking to physicians.

If they put in a phone call, and they don't get the phone call back that day, the odds are that they won't have the capacity to follow up on that because they know that tomorrow they're going

to be getting a new case. They can't keep these cases open for very long.

Now, with that period of time available to them, the people who have to deal with these issues simply cannot do intelligent, thoughtful, careful evaluations. These are very complicated decisions, and the fact is that we're not giving them the time and attention that they deserve.

That's part of the reason why supportive backup services of the kind you just referred to, are not used. You've just got to get this one done because you've got a new one coming along.

The fact is that for the children involved the decision to remove the child from the home is equivalent of major surgery. Let's take gall bladder surgery. I don't know if any of you have had your gall bladder removed, but for myself, I would want the following standards if I had to face that question.

First of all, I would like careful thought given to the possibility that medical rather than surgical intervention would be feasible. The comparable thing would be the possibility that in-home supportive services might be available rather than surgery.

Current management, typically for children, either means paying very little attention to the situation in closing the case, or going for surgery.

If I had to have surgery I would want it to be done in an antiseptic operating room, and I'd want the surgeon to use the concept in medicine known as gentle handing of tissues.

The fact is that these children are not at all treated in a child centered way when they are removed from their homes.

For example, the child is frequently not allowed to take any of his personal possessions with him. If the child's clothes and personal possessions are taken, it's very likely that they will go into the garage in a foster home and the child will not be allowed access to them. That's because the system is designed to serve the bureaucratic needs of the various groups involved, and not to serve the children's needs.

The social worker and the foster home parent don't want to be accused of losing the child's possessions. The fact is these are very deprived children, and they steal. They don't have a lot of personal possessions.

In Santa Clara County I considered it a small triumph a few years ago, 2 years ago, when we finally were able to persuade the chief of the shelter that children should be allowed to have stuffed animals that they were given with them at night, and that these should not be locked up along with the child's other personals.

The child should receive a careful explanation as to why the child is being removed from the home, although remember that it's really very difficult for young children to understand these things.

I, contrary to previous speakers, I do not believe that most of these children have the slightest inkling of what is going on with them, or why is it being done. Most of these children are persuaded that what is being done is a punishment for them because they've been bad; that it's somehow their fault, and have no conception of the fact that they have anything like this concept of due process.

I sat down at one point to explain to the child that the child had a hearing coming up. I said "you have a right to an attorney." The child's response was "what's an attorney?"

This level of understanding is much more the case for these children, particularly the younger children who are totally baffled by the circumstances.

Further, if I had to have gallbladder surgery I would like to have good postoperative care. As has been pointed out time and time again, these children receive virtually no postoperative care. Frequently, the only contact that they and their foster parents have with the social worker is at the point when the situation has completely blown up, the foster parents have burned out, and then the social worker is faced with the unpleasant task of returning the child back to shelter care.

Now, it need be pointed out that these are not normal children. In a study done by the auditor general of the State of California, he looked at a population of these children who were in foster care, and they found some interesting things. He found that 69 percent of the children had some form of significant problem; 21 percent had emotional or mental problems; 17 percent were described as having behavioral problems; 16 percent were having either physical handicaps or physical disorders, plus issues about learning disabilities, and alcohol and drug problems.

So that the belief that even if you take this child and put him in reasonably good soil that he will be able to put down roots and grow is simply not true. These are very damaged children, frequently. Not all the time, but frequently. They don't simply grow in the new soil in which they are placed.

The system doesn't support that growth. It leads to a very high rate of recidivism.

Now, you people are very familiar with the data that suggests that these children ultimately not only are recidivists within the social welfare system, but that they have a very high correlation of recidivism in the adult correctional and mental health system. I won't go through all of that here.

Now, in summary, it seems to me that intelligent decisionmaking about this group of children is based on a sense of being able to triage and sort out those cases which are potentially amenable to in-home services as was described here where the preventive effort would be the name of the game.

In some cases the safety of the child immediately demands that the child be removed and the conclusion drawn that the situation with the parent was hopeless. For those children, supportive postremoval services would be the strategy.

Now, intelligent decisionmaking is basically not a characteristic of the present system. The decision is made basically empirically, over time, based on: "Well, it didn't work there; and it didn't work there."

So, as the child eventually builds up a file, then decisions are made.

For many children, in-home support is the answer. For may children, removal is the only safe and human alternative.

But there just isn't the resource and capability at the present time to do careful analyses and sort out these questions.

Mr. STARK. I assume by "triage" you meant really the reverse of the French practice, and that is if the child is in imminent danger of being destroyed, you get him out of the house immediately——

Dr. WASSERMAN. Right.

Mr. STARK [continuing]. And to some middle ground. Then those, the bottom of the pyramid are whom you think could be saved.

I agree with you. I solved my gallbladder problem—it was recommended some 30 years ago that I have mine removed, and through a series of changing physicians, I have been able to find physicians throughout the years who thought that was unnecessary, and I found that a much better way to deal with the solution than to take the first suggestion, but——

Dr. WASSERMAN. Mr. Stark, you are very interested in preventive services, and the data suggests, and the whole bill was designed around the concept that for a group of families, preventive services are valuable and useful and, as you are well aware, they are grossly underfunded.

That means basically in-home support of services, not particularly therapy as a starting point. I should point out that these kids' parents may receive one hour a week therapy: and that, I think, for these families, is a waste of time and a waste of resources because their problems are the equivalent of forest fires and a little—pouring a squirt bottle at a forest fire, is a waste of time and dangerous.

If you are going to leave that child in the home, you really have to think about massive support and direct services.

Mr. STARK. Could we get this into focus? Ms. Fox dealt with an issue, and I think, at least in my ability to understand the manifestations, let's talk about an alcoholic parent; let's talk about a single parent, because it would seem to me with one alcoholic parent, if the couple is intact that it just seems to me instinctive that the family is better off together because the nonalcoholic parent and the children, as a group, probably have much stronger bonds than—these things, as a layman, seem very obvious to me.

But let's take the single parent who is an alcoholic, not—it would seem to be again in the triage situation, as long as that parent's alcoholism doesn't drive them to abusive behavior or put them into a situation where they are going to burn the house down, or beat the child or abuse the child, then the next step is, can that parent keep the home clean and healthy and keep the child fed?

If you can meet those standards, it would seem to me that you would have to make a hellishly strong case to separate them, even if the outfall is going to get worse.

It seems to me that there is just something you can't build into a foster system that could replace the family.

Dr. WASSERMAN. Right, right. The way that that question is addressed now is that because it is basically a judicial process, it has to really be demonstrated indication that there is some form of damage.

Suppose this child in that alcohol family has been to school two of the last 30 days, and that there is no organization in that home to get that child to school on a regular basis. At that point, you have indication that the parental behavior is in some way damaging the child.

We are not talking here about the subtle kinds of damage that many healthy or functioning people have. We are talking about real, overt, gross damage in terms of compromising that child's ability to function in the way we think children should function.

We are talking about, with infants, the fact that this child might not be growing at all, physically or psychologically. You know, you do a simple developmental test on the child, and you come back 2 months later, and you find that the child has lost ground developmentally rather than gained ground.

At the present time the resources are so thin that the probation officers and social workers are glad to settle at intake, as they politely call it, any case where they have at least the faintest glimmer of hope that the child and the parent might be sort of surviving without really major problems.

The way to prevent the system from being overloaded, which at the present time it very badly is, is to close cases quickly, and just sort of settle them out, and say, "Well, the parent was counseled, and the parent agreed to cut down on his drinking, and we will just close the case."

Now, the key there is that may be a very positive thing, if one month later somebody goes back out to that home and takes a look and sees whether that behavioral change has actually occurred.

I will tell you that for most of these families currently, at least in the Bay Area the way the situation works, that kind of followup and that kind of intelligent care is simply not available.

Mr. STARK. Yes.

Ms. FOX. I'll give you the example that I gave earlier about the 29-year-old single parent that had five children under the age of six and had to go into the detoxification to deal with her issue of alcohol.

I should say I have mentioned that one child was already in foster care. The reason that child is in foster care is because the child was staying home cleaning up the house because the mother was so involved in alcohol that she was neglecting the care of her home.

So by just removing that one child, putting that child in a foster home, the next child was kept home from school. So, removing the child did not take care of the problem.

Mr. STARK. Who'll come up the line.

Ms. FOX. Exactly. They did not really deal with the real issues there.

Mr. STARK. Is there a strong correlation in these—I assume that they are also impoverished. I mean that that is practically a certainty in most of these cases?

Dr. WASSERMAN. That issue has been very, very carefully studied because there has been a lot of thought to the question of whether these parents are more psychologically damaged or socioeconomically damaged.

The answer to that question is, yes. That is, you are always looking at a combination of both psychological and socioeconomic factors.

If you read "Mommie Dearest," you get a picture of mistreatment in a very high socioeconomic class, so you can't make absolutes.

But the tendency is for these families to be pretty much at the lowest part of the socioeconomic structure, particularly if you are looking at parents who are alcohol and drug abusers who, as a group, have a very poor prognosis in terms of neglect issues for their children, particularly the addict.

Mr. STARK. Has there been any successful experimenting in California with group living situations where actually the children and the parent move into some quasi-institutional or structured type of situation and——

Dr. WASSERMAN. Well, that is a very interesting point. I can tell you about two projects that were interesting in that regard.

One was a program for the children of addicts. One reason why addicts don't enter into treatment is that they expose themselves to the vulnerability of losing their children.

Several years ago in California, I was involved in a program, which was a day program, which went from 8 a.m. to 6 p.m. for the children of addicts in treatment; and, rather than the person being in a residential, therapeutic community, they went home each evening and picked up their children.

That was, on the whole, a very successful program, which was not funded.

There were other programs—there was a very nice program which was developed in Santa Clara County for women inmates of correctional facilities. If you look at the women inmates of correctional facilities, you find a high percentage of them are incarcerated for alcohol and drug use problems, and they have children; and an arrangement was set up where they could live in a highly supervised setting, in the community, with their children, which then gave access to approaching them on terms of child care issues.

That program was very successful and also significantly reduced the incarceration costs to the county, which was very real concern.

Mr. STARK. Thank you.

Chairman FORD. No further questions, we can take——

Mr. STARK. Thank you very much.

Chairman FORD. Now to panel 5.

Mr. STARK. Our fifth panel will deal with the standards of care and services provided.

Tim Fitzharris, the executive director of the California Association of Services for Children;

James Spradley, director of the Golden Gate District of Children's Home Society in California;

Helene Weber, the regional director of the National Association of Social Workers from Alameda County; and Maryann McKale, executive director of the Lincoln Child Center in Oakland, CA.

I read four names and got three witnesses.

Chairman FORD. I don't believe Ms. McHale is here.

Mr. STARK. Missing Ms. Weber or Ms. McHale?

Chairman FORD. Ms. McHale.

Mr. STARK. Ms. McHale is missing, OK.

Mr. Fitzharris, I guess you are first on the list, and you would like to start.

STATEMENT OF TIMOTHY L. FITZHARRIS, EXECUTIVE DIRECTOR, CALIFORNIA ASSOCIATION OF SERVICES FOR CHILDREN, SACRAMENTO, CA

Mr. FITZHARRIS. Mr. Chairman.

Mr. Stark.

My name is Tim Fitzharris. I am the executive director of the California Association of Services for Children. CSC is an organization of 60 long-established nonprofit child care organizations that serve about 10,000 children. The children are abused, neglected children, mostly disturbed children, some are delinquent kids, and so on.

CSC's agencies provide inhome supportive services, family reunification services, day care, day treatment, foster homes, foster family homes, foster parents, home funding services, group care, and emancipation services.

We are grateful for this opportunity to share our concerns about Public Law 96-272. I will divide my testimony into three specific parts:

One, our views of the needs and the goals of the law;

Two, the findings of the research we have conducted, and you will see that attached as an appendix, so I won't take you through all of it; and

Three, our views of the implementation of the law and some necessary proposals for change.

That the Congress was responding in 1980 to a serious problem, that is, children languishing for years in foster care, is not in doubt.

There existed no formal review system to monitor the progress of the child and no presumption that he or she will be reunified with the family or placed in a new, stable, or permanent home as quickly as possible.

CSC supported, even lobbied, both at the Federal and the State level, for this change. CSC believes strongly that children should be retained in their families, if possible, and returned home when removed as quickly as it is safe to do so.

When family reunification is not possible, we support implementing action such as adoption, guardianship, or other stable and permanent placement as quickly as possible.

We believe also that these principles are facilitated by judicial oversight within specific time frames. This assures social work assessments are made and that, at least every 6 months in this State, impartial third-party reviews are conducted in forums which guarantee the rights of children, the rights of the parents, and the rights of the State.

CSC also supports Federal and State funding to ensure services are provided which obviate out-of-home placement, and which support reunification efforts and facilitate permanent placements.

However, in our energetic embrace of the goals and funding of Public Law 96-272, we may have done a disservice to foster care. That we wish to reunify children quickly or remove them to alternate, secure placements has been interpreted by some that foster care is bad, something to be avoided at all costs. Nothing is further from the truth.

That there are cases of misuse in foster care, or that there are even abuses in foster placements do not condemn this casework alternative.

Such unfortunate abuses exist in every alternative. It would be preposterous, for example, to condemn family reunification because abuses have occurred.

That system neglect occurs is more a statement that the public agency's execution of case management is suspect than the value of the short-term or intermediate placement alternative itself.

While much remains to be done to assure quality care for children in foster care, its place in the spectrum of intervention choices is established and it is crucial.

Foster children are seriously abused, neglected, disturbed and damaged. They require protection, guidance, and support to retain stability, self-respect and self-control.

Foster care provides the time, caring people, and a place for these children to learn responsible behavior and to achieve healthy growth.

The most frightened, hurt and desperate of these children need quality, specialized group care. If unhelped, many will end up in psychiatric or penal institutions, becoming victimizers as well as victims.

Appendix A, which I will not go through, is an outline developed by a task force we formed, which defines when group care is an appropriate placement choice.

Let's talk for a minute about children in foster care. I have got the tables here. I will summarize it very quickly.

For the past 2 years we have been collecting data on every child entering one of our facilities and every child exiting one of our facilities.

To date, we have collected information on 5,800 children, which is probably the biggest sample in the private sector existing in the United States.

These children represent roughly a 60-percent sample of all the children in group care and institutions, at any given time, in California.

While the data will be refined, over time, because it is an ongoing collection effort, by larger samples and better analysis, enough information is available to make some preliminary statements about foster children—the children in group care.

The profile is there. I will just point out two items to you.

On the second page, "the number of prior placements:" 5 percent of our children had 10, or 6 to 10, prior out-of-home placements before being placed in our agencies. The placement our agency was reporting upon became the 11th placement.

Or, put another way, 70 percent of our children had at least one out-of-home failure prior to coming to our facilities. That is a statement about when group care is used.

"Conditions leading to change in last placement;" social workers indicated on the forms that 38 percent of the children failed in their prior placements because they did not, or were not able to control their behavior. Another factor was that the court made a determination to move the child to a more "appropriate" placement."

Under "biological family status," only 17 percent of our children had intact families with natural parents.

The tables break down the other family situations, the divorce and so on. You can look at that at your leisure.

This profile, and the detailed profile in the appendix, while still rough, paints a picture of disturbed, vulnerable children.

They appear to be youngsters who are salvageable, but not manageable, without the kind of support we have been talking about all day today, in their homes or in foster parent settings.

One is struck also by the impression that many of these children, without group residential intervention, are already on their way out of the home, and some are on their way to mental hospitals or jails.

In this context, group care is preventive work, not a placement of last resort. I should say, parenthetically, that if we are successful in what we are proposing to do in 96-272—that is, reunify those who can be, and place or adopt those who can be—we will probably end up with children in group care who are still more and more disturbed, and more and more in serious need of this type of care.

In my comment on preventive work, I should tell you that I come to the child welfare field from the corrections and juvenile justice field, and I was struck in coming to this field by everybody talking about group care as being the "end of the line."

But from the perception of where I stood in the corrections field, foster/group care is the preventive side of the thing. To the extent that we can intervene, at this level, we have made a preventive step, not an end-of-the-line step.

Mr. STARK. I would think that you would find the parents of children in expensive prep schools that provide boarding facilities would be shocked to find you calling that "group care," and think that they may have assigned their children there because they were unable to control them in the homes or meet the qualifications that you list in your testimony.

But I suspect there is an interesting parallel there.

Mr. FITZHARRIS. I think a lot of people would call that group care—although it is not publicly supported group care.

We have a list of recommendations, and I want to go through them very quickly. Again, we are committed to the purpose and thrust of the bill. The law does not—it does need to be fully funded and assurance must be made that the States fully fund the program through to the local level where services are provided.

That there have been implementation problems, which have been outlined to the committee already, and pockets of resistance, which is real, there is no reason to turn from a policy which is good for children and good for families.

The following are some specific recommendations that we ask you to investigate:

First of all, adequate funding needs to be developed for preventive services. You have heard that today. These, however, should not be created by cannibalizing foster care funding to do that. There is a temptation in this State to do that, and we want to look at that very carefully in terms of capping IV-E.

Second, incentives should be created to encourage the private sector, which has the physical custody of the child in care, to pro-

vide reunification and permanency services. Perhaps this might be recognized as an allowable Federal cost. We know that we can only basically claim maintenance costs. There is really no place to claim the social work activities that relate to reunification, emancipation, adoption, and so on. Basically, we eat those costs. There should be an incentive there.

Funds should be earmarked to ensure adequate public social worker assessments of the conditions present in a family prior to reunifying the child.

There should be developed some plan and funding to ensure that the reunified child stays reunified, and a permanently placed child stays permanent. Follow-up services, with decreasing involvement of both the public and private sectors, as part of the case management, would do much to ensure that the case plan sticks.

Funding should be developed specifically for day treatment. You talked about the family involvement. Day treatment for many children is an alternative that is as effective as residential care, and is cheaper. It also can involve the family in unique ways, the child in the family.

An effort at the Federal level, and we have talked to staff about this last week in Washington, must be made to resolve the conflict between Public Law 96-262 and Public Law 94-142 relative to children with severe educational problems.

The income means test is in conflict, thus precluding foster care meeting the maintenance needs and the educational system meeting the educational needs.

An effort should be made to identify the types of mental health cases which might qualify for voluntary placement, which might be AFDC-FC funded. There needs to be a way to help parents who are not abusing and neglecting their children, without a court finding, but who can no longer handle these severe cases in their home.

There needs to be a way to encourage earlier diagnosis of severe problems, particularly at a younger age. Earlier identification of therapeutic needs would make the system more preventive than responsive.

There needs to be recognition of the role of foster care, particularly group care, plays in the treatment process, particularly given the distillate that I mentioned to you before. Very few children are placed in group care simply for shelter and housing. Treatment is a legitimate purpose of foster case, and, as such, should be recognized as an allowable Federal cost, as should certain educational, recreational, and health-related costs.

Finally—and this is something that I have added just since this hearing that occurred to me—there needs to be incentives for experimentation, and innovative approaches for the care of children in these kinds of circumstances. If anything, this system discourages, rather than encourages, these new ways of minimum care, minimum penetration that you propose, and all the rest of the witnesses have been talking about.

We appreciate this opportunity to provide input, and we now offer our assistance to the committee at any time in the future if there are questions you have.

Mr. STARK. Thank you.

[The prepared statement follows:]

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STATEMENT OF DR. TIMOTHY L. FITZHARRIS, EXECUTIVE DIRECTOR, CALIFORNIA ASSOCIATION OF SERVICES FOR CHILDREN

Congressman Stark, members of the committee: My name is Tim Fitzharris. I am the executive director of the California Association of Services for Children (CSC). CSC is an organization of 60 charitable agencies which provide services for nearly 10,000 abused, neglected, emotionally disturbed, and delinquent children. CSC agencies provide in-home supportive services, family reunification services, day care, day treatment, foster and foster family homes, group care and emancipation services.

We are grateful for this opportunity to share our concerns about PL 96-272, the Adoption Assistance and Child Welfare Act of 1980. My testimony will be divided into three parts: (1) our views of the need for and goals of PL 96-272, (2) the findings of our research into the background and characteristics of the children in our care, and (3) our views of the implementation of the law in California and necessary changes.

1. THE NEED AND GOALS OF PUBLIC LAW 96-272

That the Congress was responding in 1980 to a serious problem—children languishing for years in foster care—is not in doubt. There existed no formal review system to monitor the progress of a child and no presumption that he or she be reunified with family or placed in a new, stable, permanent home as quickly as possible.

CSC supported—and actively lobbied—both PL 96-272 and SB 14 (California's implementation law). CSC believes strongly that children should be retained in their own families if possible, and returned home when removed, as quickly as it is safe to do so. When family reunification is not possible, CSC supports implementing adoption, guardianship, or other stable, permanent placement as quickly as possible.

CSC believes these principles are facilitated by judicial oversight within specified time periods. This assures that social work assessments are made and that, at least every six months (in California), impartial, third party reviews are conducted in forums which guarantee the rights of the child, the parents, and the state (acting on behalf of the child).

CSC also supports federal and state funding to insure services are provided which obviate out-of-home placement, which support reunification efforts and which facilitate permanent placements.

However, in our energetic embrace of the goals and funding of PL 96-272, we may have done a disservice to foster care.[1] That we wish to reunify children quickly, or to move them to alternative, stable placements, has been interpreted by some that foster care is bad—something to be avoided at all costs. Nothing is further from the truth.

That there are cases of misuse of foster care, and that there are cases of abuse in foster placements, do not condemn this casework alternative. Such unfortunate abuses exist in every alternative—it would be preposterous to condemn family reunification because of abuses where children were sent back to their homes only to be beaten to death. That system neglect occurs is more a statement about the public agency's execution of case-management than the value of short-term or intermediate placement alternatives.

While much remains to be done to assure quality care for children in foster care, its place in the spectrum of intervention choices is established and is crucial. Foster children are seriously abused, neglected, disturbed and damaged. They require protection, guidance and support to regain stability, self-respect and self control. Foster care provides time, caring people, and a place for these children to learn responsible behavior and to achieve healthy growth. The most frightened, hurt and desperate of these children need quality, specialized group care. If unhelped, many will end up in psychiatric or penal institutions, becoming victimizers as well as victims. Appendix A is an outline, developed by our group care task force, which defines when group care is an appropriate placement choice.

The next section summarizes the results of our research on the children under our care.

2. THE CHILDREN IN FOSTER CARE

For the past two years we have collected information on all children entering and leaving CSC agencies. To date, we have collected information on 5,800 children.

[1] We use foster care generically here to include both public and private foster homes, foster family homes, small group homes, group homes, and community-based large facilities.

These children represent roughly a 60% sample of all California children in group homes and institutions at any given time. While the data will be refined over time by larger samples and better analysis techniques, enough information is available to make some preliminary statements about foster children in group residential programs (see Appendix B for detailed tables).

Profile

Age. The girls in CSC agencies appear to be somewhat older than the boys. Both sexes clustered primarily in the 12-17 years range.

Sex. There were more boys (56%) than girls (43%) in our sample.

Ethnic background. The ethnic spread was: 18% black; 53% white; 14% hispanic; and 12% mixed.

Placing agency. Social service agencies placed 39% of the children; probation agencies placed 40%; and mental health 3%. Only 6% were private party placements.

Number of prior placements. 5% of the children had 6-10 prior out-of-home placements before being placed with out agencies; 4% had five prior placements; 7% had four; 12% had three; 18% had two prior placements; and 23% had at least one. Put another way, 70% of our children had at least one out-of-home placement before coming to us.

Conditions leading to change in last placement. Social workers indicated that 39% of the children failed in their prior placements because they could not control their behavior. Another major factor was a court determination to "move to more appropriate placement."

Biological family status. Only 17% of our children had intact families with natural parents together.

Conditions in family history (parents or guardians). The major factors in family leading to placement were inability to control child, child neglect, physical abuse, psychological abuse, substance abuse, abandonment, and parents' inability to care for self (see Table 9).

Child's primary presenting problems. The major problems of the children were aggression towards others, attacks on property, runaway, withdrawal, substance abuse behavior, minor criminal offenses, pregnancy, hyperactivity, depression, sexual acting out, passive/aggressiveness, inpulsive behavior, truancy, extreme dependency needs, and stealing (see Table 19).

This profile, while still rough, paints a picture of disturbed, vulnerable children. They appear to be youngsters who are salvageable, but not manageable (without support) in home or foster parent settings. One is also struck by the impression that many of these children—without group residential intervention—are already on their way out of the home and some are on their way to mental hospitals or jails. In this context, group care is preventive work not a placement of last resort.

3. CSC RECOMMENDATIONS FOR IMPROVEMENT

Again, CSC is committed to the purpose and thrust of PL 96-272. The law does need to be fully funded and assurance must be made that the states fully fund the program through to the local level where services are provided. That there have been implementation problems—and pockets of resistance—is no reason to turn from a policy which is good for children and their families.

The following are some specific recommendations which would enhance PL 96-272 and assist those of us who work with the children:

1. Adequate funding needs to be developed for preventive services. These should not, however, be created by "cannibalizing" foster care funds.
2. Incentives should be created to encourage the private sector (which usually has physical custody of the child in care) to provide reunification and premanency services (perhaps this could be recognized as an allowable federal cost).
3. Funds should be earmarked to insure adequate (public) social worker assessments of the conditions present in the family prior to reunifying the child.
4. There should be mandated involvement of the provider of care in the development (or modification) of the case plan. [In California, providers are required by law to provide the court with their view of the (public) social worker's recommendation for reunification, continuance in foster care, permanent placement or emancipation.]
5. There should be developed some plan and funding to insure that a reunified child "stays reunified" and a permanent placement "stays permanent." Follow-up services—with decreasing involvement—as part of case management would do much to insure that the case plan "sticks."

6. Funding should be developed specifically for day treatment. For many children, day treatment is as effective as residential care and is cheaper.

7. An effort, at the federal level, must be made to resolve the conflict between PL 96-272 and PL 94-142 relative to children with severe educational problems. The income-means test is in conflict, thus precluding foster care from meeting the maintenance needs and the educational system from meeting the educational needs.

8. An effort should be made to identify the types of mental health cases which might qualify for voluntary placement (AFDC-FC funded). There needs to be a way to help parents who are not abusing and neglecting their children (without a court finding to that effect) but who can no longer handle (severe cases) the child at home.

9. There needs to be a way to encourage earlier diagnosis of severe problems (particularly at a younger age). Earlier identification of therapeutic needs would make the system more preventive than responsive.

10. There needs to be a recognition of the role foster care—particularly group care—plays in the treatment process. Very few children are placed in group care simply for shelter and housing. Treatment is a legitimate purpose and, as such, should be recognized as an allowable federal cost (as should certain recreational and health-related costs).

Thank you for this opportunity to provide input to Congress on this important children's policy. If we can be of any further assistance to the committee please call upon us. Are there any questions?

[APPENDIX A]

WHICH YOUTH MAY BEST BE SERVED IN GROUP CARE?

Group care should be used when:

1. Out-of-home placement is the least restrictive alternative available which can meet the physical and clinical needs of the youth.
2. The parents or guardians are in agreement with the placement, or there is no appropriate family unit available.
3. There is a demonstrated need for separation from a natural family unit.
4. The range of resources available through the out-of-home placement are not otherwise able to be provided.
5. There is a demonstrated need for 24 hour supervision and clinical services.
6. Outpatient services or foster care have been attempted unsuccessfully.

Out-of-home placement in a group setting is indicated as the service of choice under the following conditions: The youth exhibits the majority of the following behavior/symptoms:

1. Excessive withdrawal
2. Excessive dependency
3. Danger to self (physical or emotional)
4. Danger to others
5. Excessive aggression
6. Lack of impulse control
7. Poor anger control
8. Poor reality contact
9. Fire setting
10. Suicidal behaviors
11. Hyperactivity
12. Severe school problems

[APPENDIX B]

TABLE 1.—SEX BY AGE

[Total population for all member CSC agencies]

Age groups	Males	Percent	Females	Percent	N/A	Percent	Total	Percent
Under 2 years	60	1.85	47	1.88	8	12.70	115	1.98
2 and 3	22	0.68	13	0.52	1	1.59	36	0.62
4 and 5	59	1.82	26	1.04	0	0.00	85	1.47
6 and 7	149	4.60	44	1.76	0	0.00	193	3.33
8 and 9	283	8.73	81	3.24	2	3.17	366	6.31
10 and 11	390	12.04	134	5.37	2	3.17	526	9.07
12 and 13	594	18.33	393	15.74	4	6.35	991	17.09
14 and 15	917	28.30	810	32.44	5	7.94	1,732	29.86

TABLE 1.—SEX BY AGE—Continued

[Total population for all member CSC agencies]

Age groups	Males	Percent	Females	Percent	N/A	Percent	Total	Percent
16 and 17	664	20.49	713	28.55	9	14.29	1,386	23.90
18 and 21	30	0.93	148	5.93	0	0.00	178	3.07
Not specified	72	2.22	88	3.52	32	50.79	192	3.31
Total	3,240	55.86	2,497	43.05	63	1.09	5,800	

TABLE 2.—AGE BY ETHNIC BACKGROUND

[Total population for all member CSC agencies]

Ethnic background	Under 2	2 to 3	4 to 5	6 to 7	8 to 9	10 to 11	12 to 13	14 to 15	16 to 17	18 to 21	Not specified	Total
Asian	1	0	0	0	4	3	15	11	25	5	4	68
Percent	0.9	0.0	0.0	0.0	1.1	0.6	1.5	0.6	1.8	2.8	2.1	1.2
Black	24	2	3	42	72	85	180	294	263	29	26	1,020
Percent	20.9	5.6	3.5	21.8	19.7	16.2	18.2	17.0	19.0	16.3	13.5	17.6
White (except Hispanic)	44	20	56	99	211	323	542	957	686	84	59	3,081
Percent	38.3	55.6	65.9	51.3	57.7	61.4	54.7	55.3	49.5	47.2	30.7	53.1
Hispanic	21	3	9	21	29	44	122	249	232	30	38	798
Percent	18.3	8.3	10.6	10.9	7.9	8.4	12.3	14.4	16.7	16.9	19.8	13.8
Native American	0	0	1	0	1	1	4	10	3	1	0	21
Percent	0.0	0.0	1.2	0.0	0.3	0.2	0.4	0.6	0.2	0.6	0.0	0.4
Mixed	24	11	15	27	44	64	109	171	145	19	44	673
Percent	20.9	30.6	17.6	14.0	12.0	12.2	11.0	9.9	10.5	10.7	22.9	11.6
Other	0	0	0	1	0	2	8	16	9	8	3	47
Percent	0.0	0.0	0.0	0.5	0.0	0.4	0.8	0.9	0.6	4.5	1.6	0.8
Unknown	1	0	1	3	5	4	11	24	23	2	18	92
Percent	0.9	0.0	1.2	1.6	1.4	0.8	1.1	1.4	1.7	1.1	9.4	1.6
Total	115	36	85	193	366	526	991	1,732	1,386	178	192	5,800
Percent	2.0	0.6	1.5	3.3	6.3	9.1	17.1	29.9	23.9	3.1	3.3	100.0

TABLE 3.—ETHNIC BACKGROUND BY PLACEMENT AGENCY

[Total population for all member CSC agencies]

Ethnic background	Social	Proba-tion	Mental health	Adop-tions	Pri-parties	CHAM-PUS	Other	Un-known	Total
Asian	26	18	4	0	10	2	1	7	68
Percent	1.15	0.77	2.42	0.00	3.13	2.22	0.69	1.79	1.17
Black	376	470	19	12	25	3	22	93	1,020
Percent	16.59	20.07	11.52	15.58	7.81	3.33	14.86	23.72	17.59
White (except Hispanic)	1,278	1,169	111	38	187	73	85	140	3,081
Percent	56.40	49.91	67.27	49.35	58.44	81.11	57.43	35.71	53.12
Hispanic	248	407	8	5	36	1	15	78	798
Percent	10.94	17.38	4.85	6.49	11.25	1.11	10.14	19.90	13.76
Native American	9	10	0	1	0	0	1	0	21
Percent	0.40	0.43	0.00	1.30	0.00	0.00	0.68	0.00	0.36
Mixed	297	219	21	14	46	10	16	50	673
Percent	13.11	9.35	12.73	18.18	14.38	11.11	10.81	12.76	11.60
Other	13	12	0	0	11	0	4	7	47
Percent	0.57	0.51	0.00	0.00	3.44	0.00	2.70	1.79	0.81
Unknown	19	37	2	7	5	1	4	17	92
Percent	0.84	1.58	1.21	9.09	1.56	1.11	2.70	4.34	1.59
Total	2,266	2,342	165	77	320	90	148	392	5,800
Percent	39.07	40.38	2.84	1.33	5.52	1.55	2.55	6.76	100.00

TABLE 4.—SEX BY CHILD PRESENTING PROBLEMS

[Total population for all member CSC agencies]

Presenting problems	Males	Percent	Females	Percent	N/A	Percent	Total	Percent
Aggression to people	1,326	40.93	367	14.70	11	17.46	1,704	29.38
Attacks on property	790	24.38	131	5.25	9	14.29	930	16.03
Suicidal threats/attempts	230	7.10	259	10.37	4	6.35	493	8.50
Self-induced injuries	118	3.64	82	3.28	2	3.17	202	3.48
Extreme accident proneness	68	2.10	20	0.80	0	0.00	88	1.52
Runaway (inappropriate)	890	27.47	1,107	44.33	15	23.81	2,012	34.69
Withdrawal	410	12.65	234	9.37	7	11.11	651	11.22
Fearfulness	334	10.31	163	6.53	2	3.17	499	8.60
Specific phobias	36	1.11	25	1.00	0	0.00	61	1.05
Substance abuse behavior	740	22.84	514	20.58	17	26.98	1,271	21.91
Felony toward people	175	5.40	29	1.16	1	1.59	205	3.53
Felony toward property	373	11.51	97	3.88	3	4.76	473	8.16
Felony—Drug dealing	48	1.48	11	0.44	0	0.00	59	1.02
Misdemeanor crimes	773	23.86	180	7.21	10	15.87	963	16.60
Pregancy and infant care	12	0.37	579	23.19	2	3.17	593	10.22
Hyperactivity	487	15.03	89	3.56	7	11.11	583	10.05
Depression (severe)	381	11.76	269	10.77	6	9.52	656	11.31
Psychosis (chronic)	56	1.73	20	0.80	0	0.00	76	1.31
Psychosis (transitory)	73	2.25	37	1.48	1	1.59	111	1.91
Autistic behavior	51	1.57	21	0.84	1	1.59	73	1.26
Bizarre behavior	79	2.44	33	1.32	0	0.00	112	1.93
Compulsive behavior	332	10.25	146	5.85	1	1.59	479	8.26
Obsessive thoughts	97	2.99	47	1.88	1	1.59	145	2.50
Excessive lying	536	16.54	285	11.41	7	11.11	828	14.28
Sexual acting out	249	7.69	601	24.07	9	14.29	859	14.81
Passive/aggressiveness	473	14.60	194	7.77	6	9.52	673	11.60
Tenuous hold on reality	150	4.63	74	2.96	1	1.59	225	3.88
Impulsive behavior	1,284	39.63	708	28.35	19	30.16	2,011	34.67
Truancy	1,084	33.46	772	30.92	19	30.16	1,875	32.33
Delayed social development	590	18.21	262	10.49	4	6.35	856	14.76
Enuresis-encopresis	198	6.11	70	2.80	2	3.17	270	4.66
Extreme dependency needs	312	9.63	292	11.69	5	7.94	609	10.50
Stealing	1,142	35.25	361	14.46	17	26.98	1,520	26.21
Anti-social gang affilia	272	8.40	109	4.37	3	4.76	384	6.62

TABLE 4.—SEX BY CHILD PRESENTING PROBLEMS—Continued

[Total population for all member CSC agencies]

Presenting problems	Males	Percent	Females	Percent	N/A	Percent	Total	Percent
Eating disorder	36	1.11	40	1.60	0	0.00	76	1.31
Other	243	7.50	267	10.69	5	7.94	515	8.88
Total	3,240	55.86	2,497	43.05	63	1.09	5,800	

Percentages indicate the percent of children who have the specific behavior problem. The percentages consequently do not total downward to 100%, but to a much larger number because of multiple problems.

TABLE 5.—SEX BY NUMBER OF PRIOR PLACEMENTS

[Total population for all member CSC agencies]

Number of prior placements	Males	Percent	Females	Percent	N/A No.	Percent	Total	Percent
None	899	27.75	809	32.40	22	34.92	1,730	29.83
1	847	26.14	504	20.18	7	11.11	1,358	23.41
2	608	18.77	414	16.58	9	14.29	1,031	17.78
3	393	12.13	287	11.49	12	19.05	692	11.93
4	218	6.73	190	7.61	4	6.35	412	7.10
5	108	3.33	113	4.53	2	3.17	223	3.84
6 to 10	142	4.38	154	6.17	7	11.11	303	5.22
11 to 15	22	0.68	19	0.76	0	0.00	41	0.71
Over 15	3	0.09	7	0.28	0	0.00	10	0.17
Total	3,240	55.86	2,497	43.05	63	1.09	5,800	

TABLE 6.—AGE BY AVERAGE LENGTH OF STAY

[Total population for all member CSC agencies]

Age groups	Average length of stay (months)	Number children	Percent of total
Under 2 years	7.18	33	1.92
2 and 3	24.99	5	0.29
4 and 5	22.72	14	0.81
6 and 7	29.96	27	1.57
8 and 9	21.07	82	4.77
10 and 11	18.20	114	6.63
12 and 13	9.60	290	16.87
14 and 15	6.87	579	33.68
16 and 17	4.80	486	28.27
18 to 21	3.27	70	4.07
Not specified	4.84	19	1.11
Total	8.56	1,719	100.00

TABLE 7.—SEX BY CONDITIONS LEADING TO CHANGE IN LAST PLACEMENT

[Total population for all member CSC agencies]

	Males	Percent	Females	Percent	N/A	Percent	Total	Percent
Inability to control	1,532	47.28	649	25.99	18	28.57	2,199	37.91
Neglecting	367	11.33	127	5.09	3	4.76	497	8.57
Physical abuse	208	6.42	102	4.08	2	3.17	312	5.38
Sexual abuse	43	1.33	69	2.76	2	3.17	114	1.97
Substance abuse	157	4.85	67	2.68	1	1.59	225	3.88
Family breakdown	356	10.99	261	10.45	5	7.94	622	10.72

TABLE 7.—SEX BY CONDITIONS LEADING TO CHANGE IN LAST PLACEMENT—Continued

[Total population for all member CSC agencies]

	Males	Percent	Females	Percent	N/A	Percent	Total	Percent
Psychosis	69	2.13	27	1.08	2	3.17	98	1.69
Physical illness	70	2.16	15	0.60	1	1.59	86	1.48
Cessation of parenting (by foster or adoptive parents)	109	3.36	98	3.92	1	1.59	208	3.59
Move to more appropriate placement	1,587	48.98	1,250	50.06	27	42.86	2,864	49.38
Other	125	3.86	265	10.61	5	7.94	395	6.81
Total	3,240	55.86	2,497	43.05	63	1.09	5,800	.....

TABLE 8.—AGE BY BIOLOGICAL FAMILY STATUS (AT TIME OF PLACEMENT)

[Total population for all member CSC agencies]

Ethnic background	Under 2	2 to 3	4 to 5	6 to 7	8 to 9	10 to 11	12 to 13	14 to 15	16 to 17	18 to 21	Not specified	Total
Parents together	16	10	19	24	52	73	121	258	298	70	33	974
Percent	1.6	1.0	2.0	2.5	5.3	7.5	12.4	26.5	30.6	7.2	3.4	16.8
Biological parent/step-parent	10	2	7	30	58	74	209	340	263	24	23	1,040
Percent	1.0	0.2	0.7	2.9	5.6	7.1	20.1	32.7	25.3	2.3	2.2	17.9
Unmarried couple	12	4	6	15	16	12	25	35	23	2	6	156
Percent	7.7	2.6	3.8	9.6	10.3	7.7	16.0	22.4	14.7	1.3	3.8	2.7
Single parent family:												
Divorced	28	3	15	41	112	182	316	551	401	28	35	1,712
Percent	1.6	0.2	0.9	2.4	6.5	10.6	18.5	32.2	23.4	1.6	2.0	29.5
Separation	11	8	14	21	33	40	64	115	72	12	7	397
Percent	2.8	2.0	3.5	5.3	8.3	10.1	16.1	29.0	18.1	3.0	1.8	6.8
Never married	19	5	18	36	45	54	96	132	85	6	11	507
Percent	3.7	1.0	3.6	7.1	8.9	10.7	18.9	26.0	16.8	1.2	2.2	8.7
Death separation	6	1	1	6	7	23	54	104	103	23	16	344
Percent	1.7	0.3	0.3	1.7	2.0	6.7	15.7	30.2	29.9	6.7	4.7	5.9
Parents deceased	0	0	0	2	2	5	14	32	26	0	4	85
Percent	0.0	0.0	0.0	2.4	2.4	5.9	16.5	37.6	30.6	0.0	4.7	1.5
Parents' location unknown	2	0	3	14	22	37	49	84	59	6	10	286
Percent	0.7	0.0	1.0	4.9	7.7	12.9	17.1	29.4	20.6	2.1	3.5	4.9
Not specified/unknown	11	3	2	4	19	26	43	81	56	7	0	299
Percent	3.7	1.0	0.7	1.3	6.4	8.7	14.4	27.1	18.7	2.3	0.0	5.2
Total	115	36	85	193	366	526	991	1,732	1,386	178	192	5,800
Percent	2.0	0.6	1.5	3.3	6.3	9.1	17.1	29.9	23.9	3.1	3.3	100.0

TABLE 9.—AGE BY CONDITIONS IN FAMILY HISTORY (PARENTS OR GUARDIANS)

[Total population for all member CSC agencies]

Ethnic background	Under 2	2 to 3	4 to 5	6 to 7	8 to 9	10 to 11	12 to 13	14 to 15	16 to 17	18 to 21	Not specified	Total
Inability to control	57	10	43	129	232	356	658	1,194	906	43	67	3,695
Percent	1.5	0.3	1.2	3.5	6.3	9.6	17.8	32.3	24.5	1.2	1.8	63.7
Inability to care for self	14	12	36	37	58	69	99	145	109	4	9	592
Percent	2.4	2.0	6.1	6.3	9.8	11.7	16.7	24.5	18.4	0.7	1.5	10.2
Neglecting	25	24	59	115	174	222	351	442	295	19	36	1,762
Percent	1.4	1.4	3.3	6.5	9.9	12.6	19.9	25.1	16.7	1.1	2.0	30.4
Physical abuse	19	16	47	96	166	195	305	341	233	23	32	1,473
Percent	1.3	1.1	3.2	6.5	11.3	13.2	20.7	23.2	15.8	1.6	2.2	25.4
Sexual abuse	6	12	16	33	51	68	108	137	94	6	11	542
Percent	1.1	2.2	3.0	6.1	9.4	12.5	19.9	25.3	17.3	1.1	2.0	9.3
Psychological abuse	14	8	31	70	117	133	197	239	156	15	27	1,007
Percent	1.4	0.8	3.1	7.0	11.6	13.2	19.6	23.7	15.5	1.5	2.7	17.4
Substance abuse	16	9	34	52	79	125	207	304	258	6	25	1,115
Percent	1.4	0.8	3.0	4.7	7.1	11.2	18.6	27.3	23.1	0.5	2.2	19.2
Prostitution	3	2	8	8	10	11	13	19	9	3	1	87
Percent	3.4	2.3	9.2	9.2	11.5	12.6	14.9	21.8	10.3	3.4	1.1	1.5
Parents unavailable due to:												
Relinquishment	13	2	2	9	20	37	54	83	63	7	11	301
Percent	4.3	0.7	0.7	3.0	6.6	12.3	17.9	27.6	20.9	2.3	3.7	5.2
Abandoning	8	8	23	26	31	47	93	180	132	14	31	593
Percent	1.3	1.3	3.9	4.4	5.2	7.9	15.7	30.4	22.3	2.4	5.2	10.2
Hospital/mental	8	3	6	13	26	30	53	69	45	2	4	259
Percent	3.1	1.2	2.3	5.0	10.0	11.6	20.5	26.6	17.4	0.8	1.5	4.5
Hospital/physical	0	0	4	1	4	5	20	26	16	0	2	78
Percent	0.0	0.0	5.1	1.3	5.1	6.4	25.6	33.3	20.5	0.0	2.6	1.3
Psychosis	3	1	1	9	7	18	14	22	5	1	2	83
Percent	3.6	1.2	1.2	10.8	8.4	21.7	16.9	26.5	6.0	1.2	2.4	1.4
Incarceration	5	3	7	10	29	36	43	53	30	2	6	224
Percent	2.2	1.3	3.1	4.5	12.9	16.1	19.2	23.7	13.4	0.9	2.7	3.9
Suicide	1	0	0	1	4	9	7	8	13	0	1	44
Percent	2.3	0.0	0.0	2.3	9.1	20.5	15.9	18.2	29.5	0.0	2.3	0.8
Total	115	36	85	193	366	526	991	1,732	1,386	178	192	5,800
Percent	2.0	0.6	1.5	3.3	6.3	9.1	17.1	29.9	23.9	3.1	3.3	100.0

TABLE 10.—AGE BY PRIMARY PRESENTING PROBLEMS

[Total population for all member CSC agencies]

Presenting problems	Under 2	2 to 3	4 to 5	6 to 7	8 to 9	10 to 11	12 to 13	14 to 15	16 to 17	18 to 21	Not specified	Total
Aggression to people	31	9	39	99	184	255	329	401	312	13	32	1,704
Percent	27.0	25.0	45.9	51.3	50.3	48.5	33.2	23.2	22.5	7.3	16.7	29.4
Attacks on property	16	5	25	62	100	147	182	226	144	5	18	930
Percent	13.9	13.9	29.4	32.1	27.3	27.9	18.4	13.0	10.4	2.8	9.4	16.0
Suicidal threats/attempts	5	0	7	15	34	42	82	166	123	7	12	493
Percent	4.3	0.0	8.2	7.8	9.3	8.0	8.3	9.6	8.9	3.9	6.3	8.5
Self-induced injuries	1	2	12	25	16	29	39	40	31	3	4	202
Percent	0.9	5.6	14.1	13.0	4.4	5.5	3.9	2.3	2.2	1.7	2.1	3.5
Extreme accident proneness	0	1	11	8	9	16	20	13	7	0	3	88
Percent	0.0	2.8	12.9	4.1	2.5	3.0	2.0	0.8	0.5	0.0	1.6	1.5
Runaway (inappropriate)	38	1	2	14	47	120	356	797	567	24	46	2,012
Percent	33.0	2.8	2.4	7.3	12.8	22.8	35.9	46.0	40.9	13.5	24.0	34.7
Withdrawal	13	5	19	28	49	87	130	167	122	11	20	651
Percent	11.3	13.9	22.4	14.5	13.4	16.5	13.1	9.6	8.8	6.2	10.4	11.2
Fearfulness	8	14	34	51	73	84	96	80	42	4	13	499
Percent	7.0	38.9	40.0	26.4	19.9	16.0	9.7	4.6	3.0	2.2	6.8	8.6
Specific phobias	0	2	6	6	5	8	13	12	7	1	1	61
Percent	0.0	5.6	7.1	3.1	1.4	1.5	1.3	0.7	0.5	0.6	0.5	1.1
Substance abuse behavior	29	1	0	0	4	15	158	542	478	16	28	1,271
Percent	25.2	2.8	0.0	0.0	1.1	2.9	15.9	31.3	34.5	9.0	14.6	21.9
Felony toward people	6	1	1	0	2	8	34	82	64	0	7	205
Percent	5.2	2.8	1.2	0.0	0.5	1.5	3.4	4.7	4.6	0.0	3.6	3.5
Felony toward property	5	1	0	0	4	20	68	181	169	7	18	473
Percent	4.3	2.8	0.0	0.0	1.1	3.8	6.9	10.5	12.2	3.9	9.4	8.2
Felony—drug dealing	1	0	0	0	0	0	3	26	27	0	2	59
Percent	0.9	0.0	0.0	0.0	0.0	0.0	0.3	1.5	1.9	0.0	1.0	1.0
Misdemeanor crimes	15	2	0	0	8	33	176	379	308	11	31	963
Percent	13.0	5.6	0.0	0.0	2.2	6.3	17.8	21.9	22.2	6.2	16.1	16.6
Pregnancy and infant care	6	0	2	0	1	2	20	114	264	134	50	593

Percent	5.2	0.0	2.4	0.0	0.3	0.4	2.0	6.6	19.0	75.3	26.0	10.2
Hyperactivity	3	7	30	73	105	102	118	92	40	4	9	583
Percent	2.6	19.4	35.3	37.8	28.7	19.4	11.9	5.3	2.9	2.2	4.7	10.1
Depression (severe)	8	0	6	36	53	87	140	198	107	6	15	656
Percent	7.0	0.0	7.1	18.7	14.5	16.5	14.1	11.4	7.7	3.4	7.8	11.3
Psychosis (chronic)	4	0	2	7	9	10	9	16	17	1	1	76
Percent	3.5	0.0	2.4	3.6	2.5	1.9	0.9	0.9	1.2	0.6	0.5	1.3
Psychosis (transitory)	0	1	2	6	13	11	19	30	23	4	2	111
Percent	0.0	2.8	2.4	3.1	3.6	2.1	1.9	1.7	1.7	2.2	1.0	1.9
Autistic behavior	1	4	8	8	12	16	10	7	4	0	3	73
Percent	0.9	11.1	9.4	4.1	3.3	3.0	1.0	0.4	0.3	0.0	1.6	1.3
Bizarre behavior	1	1	7	14	21	14	24	15	11	1	3	112
Percent	0.9	2.8	8.2	7.3	5.7	2.7	2.4	0.9	0.8	0.6	1.6	1.9
Compulsive behavior	2	8	21	38	60	77	67	103	89	9	5	479
Percent	1.7	22.2	24.7	19.7	16.4	14.6	6.8	5.9	6.4	5.1	2.6	8.3
Obsessive thoughts	0	2	5	7	12	17	35	41	24	0	2	145
Percent	0.0	5.6	5.9	3.6	3.3	3.2	3.5	2.4	1.7	0.0	1.0	2.5
Excessive lying	8	0	11	41	76	122	184	218	141	12	15	828
Percent	7.0	0.0	12.9	21.2	20.8	23.2	18.6	12.6	10.2	6.7	7.8	14.3
Sexual acting out	9	3	16	34	40	70	126	282	225	36	18	859
Percent	7.8	8.3	18.8	17.6	10.9	13.3	12.7	16.3	16.2	20.2	9.4	14.8
Passive/aggressiveness	9	1	8	26	78	107	142	177	106	7	12	673
Percent	7.8	2.8	9.4	13.5	21.3	20.3	14.3	10.2	7.6	3.9	6.3	11.6
Tenuous hold on reality	2	2	15	15	35	39	32	46	28	5	6	225
Percent	1.7	5.6	17.6	7.8	9.6	7.4	3.2	2.7	2.0	2.8	3.1	3.9
Impulsive behavior	24	8	36	107	186	244	394	542	397	30	43	2,011
Percent	20.9	22.2	42.4	55.4	50.8	46.4	39.8	31.3	28.6	16.9	22.4	34.7
Truancy	36	1	0	6	23	73	322	766	577	21	50	1,875
Percent	31.3	2.8	0.0	3.1	6.3	13.9	32.5	44.2	41.6	11.8	26.0	32.3
Delayed social development	12	20	28	83	139	135	165	150	96	11	17	856
Percent	10.4	55.6	32.9	43.0	38.0	25.7	16.6	8.7	6.9	6.2	8.9	14.8
Enuresis-encopresis	3	9	24	44	55	49	49	26	5	0	6	270
Percent	2.6	25.0	28.2	22.8	15.0	9.3	4.9	1.5	0.4	0.0	3.1	4.7
Extreme dependency needs	10	10	17	41	59	73	118	140	117	13	11	609
Percent	8.7	27.8	20.0	21.2	16.1	13.9	11.9	8.1	8.4	7.3	5.7	10.5

TABLE 10.—AGE BY PRIMARY PRESENTING PROBLEMS—Continued

[Total population for all member CSC agencies]

Presenting problems	Under 2	2 to 3	4 to 5	6 to 7	8 to 9	10 to 11	12 to 13	14 to 15	16 to 17	18 to 21	Not specified	Total
Stealing	25	2	7	23	76	128	290	561	370	9	29	1,520
Percent	21.7	5.6	8.2	11.9	20.8	24.3	29.3	32.4	26.7	5.1	15.1	26.2
Anti-social gang affilia	9	0	0	1	2	13	57	157	133	3	9	384
Percent	7.8	0.0	0.0	0.5	0.5	2.5	5.8	9.1	9.6	1.7	4.7	6.6
Eating disorder	0	1	4	3	7	9	15	21	14	0	2	76
Percent	0.0	2.8	4.7	1.6	1.9	1.7	1.5	1.2	1.0	0.0	1.0	1.3
Other	22	6	6	17	40	64	91	125	122	11	11	515
Percent	19.1	16.7	7.1	8.8	10.9	12.2	9.2	7.2	8.8	6.2	5.7	8.9
Total	115	36	85	193	366	526	991	1,732	1,386	178	192	5,800
Percent	2.0	0.6	1.5	3.3	6.3	9.1	17.1	29.9	23.9	3.1	3.3	100.0

Percentages indicate the percent of children in a specific age group who have the specific behavior problem. The percentages consequently do not total downward to 100%, but to a much larger number because of multiple problems.

TABLE 11.—PRIOR PLACEMENTS BY PRESENTING PROBLEMS

[Total population for all member CSC agencies]

Number of	None	1	2	3	4	5	6 to 10	11 to 15	Over 15	Total
Aggression to people	427	417	312	203	145	82	95	16	5	1,704
Percent	24.7	30.7	30.3	29.3	35.2	36.8	31.4	39.0	50.0	29.4
Attacks on property	241	224	168	108	70	46	48	14	3	930
Percent	13.9	16.5	16.3	15.6	17.0	20.6	15.8	34.1	30.0	16.0
Suicidal threats/attempts	81	96	95	68	62	30	50	6	4	493
Percent	4.7	7.1	9.2	9.8	15.0	13.5	16.5	14.6	40.0	8.5
Self-induced injuries	36	44	37	23	24	14	18	4	2	202
Percent	2.1	3.2	3.6	3.3	5.8	6.3	5.9	9.8	20.0	3.5
Extreme accident proneness	21	12	23	10	9	6	4	2	0	88
Percent	1.2	0.9	2.2	1.4	2.2	2.7	1.3	4.9	0.0	1.5
Runaway (inappropriate)	523	465	356	247	171	91	132	19	6	2,012
Percent	30.2	34.2	34.5	35.7	41.5	40.8	43.6	46.3	60.0	34.7
Withdrawal	142	170	119	89	49	35	39	3	3	651
Percent	8.2	12.5	11.5	12.9	11.9	15.7	12.9	7.3	30.0	11.2
Fearfulness	107	104	89	73	54	24	36	6	3	499
Percent	6.2	7.7	8.6	10.5	13.1	10.8	11.9	14.6	30.0	8.6
Specific phobias	8	12	13	7	12	3	5	0	0	61
Percent	0.5	0.9	1.3	1.0	2.9	1.3	1.7	0.0	0.0	1.1
Substance abuse behavior	309	327	248	167	85	47	68	12	4	1,271
Percent	17.9	24.1	24.1	24.1	20.6	21.1	22.4	29.3	40.0	21.9
Felony toward people	60	58	39	24	11	3	7	1	0	205
Percent	3.5	4.3	3.8	3.5	2.7	1.3	2.3	2.4	0.0	3.5
Felony toward property	154	121	91	48	19	12	23	3	0	473
Percent	8.9	8.9	8.8	6.9	4.6	5.4	7.6	7.3	0.0	8.2
Felony-drug dealing	19	12	11	7	5	1	4	0	0	59
Percent	1.1	0.9	1.1	1.0	1.2	0.4	1.3	0.0	0.0	1.0
Misdemeanor crimes	271	282	161	97	62	31	45	6	2	963
Percent	15.7	20.8	15.6	14.0	15.0	13.9	14.9	14.6	20.0	16.6
Pregnancy and infant care	362	71	68	34	27	15	12	3	0	593
Percent	20.9	5.2	6.6	4.9	6.6	6.7	4.0	7.3	0.0	10.2
Hyperactivity	137	123	114	72	45	34	45	10	0	583
Percent	7.9	9.1	11.1	10.4	10.9	15.2	14.9	24.4	0.0	10.1
Depression (severe)	123	146	130	91	61	43	53	5	3	656
Percent	7.1	10.8	12.6	13.2	14.8	19.3	17.5	12.2	30.0	11.3
Psychosis (chronic)	17	12	19	11	9	4	2	1	0	76
Percent	1.0	0.9	1.8	1.6	2.2	1.8	0.7	2.4	0.0	1.3
Psychosis (transitory)	20	21	29	14	11	7	7	2	0	111
Percent	1.2	1.5	2.8	2.0	2.7	3.1	2.3	4.9	0.0	1.9
Autistic behavior	18	26	6	4	6	6	5	1	0	73
Percent	1.0	1.9	0.6	0.6	1.5	2.7	1.7	2.4	0.0	1.3
Bizarre behavior	22	21	18	21	11	5	9	3	0	112
Percent	1.3	1.5	1.7	3.0	2.7	2.2	3.0	7.3	0.0	1.9
Compulsive behavior	107	121	89	64	37	24	26	8	2	479
Percent	6.2	8.9	8.6	9.2	9.0	10.8	8.6	19.5	20.0	8.3
Obsessive thought	30	28	36	23	12	4	12	0	0	145
Percent	1.7	2.1	3.5	3.3	2.9	1.8	4.0	0.0	0.0	2.5
Excessive lying	195	170	163	112	73	43	56	9	3	828
Percent	11.3	12.5	15.8	16.2	17.7	19.3	18.5	22.0	30.0	14.3
Sexual acting out	180	174	160	130	89	48	65	7	2	859
Percent	10.4	12.8	15.5	18.8	21.6	21.5	21.5	17.1	20.0	14.8
Passive/aggressiveness	147	152	145	89	56	37	39	4	0	673
Percent	8.5	11.2	14.1	12.9	13.6	16.6	12.9	9.8	0.0	11.6
Tenuous hold on reality	38	52	40	36	21	17	14	4	0	225
Percent	2.2	3.8	3.9	5.2	5.1	7.6	4.6	9.8	0.0	3.9
Impulsive behavior	446	478	370	271	163	97	146	27	3	2,011
Percent	25.8	35.2	35.9	39.2	39.6	43.5	48.2	65.9	30.0	34.7
Truancy	465	550	338	209	128	70	87	11	4	1,875
Percent	26.9	40.5	32.8	30.2	31.1	31.4	28.7	26.8	40.0	32.3
Delayed social development	178	204	158	122	61	45	62	14	3	856
Percent	10.3	15.0	15.3	17.6	14.8	20.2	20.5	34.1	30.0	14.8
Enuresis-encopresis	57	53	49	31	28	18	29	4	0	270

TABLE 11.—PRIOR PLACEMENTS BY PRESENTING PROBLEMS—Continued

[Total population for all member CSC agencies]

Number of	None	1	2	3	4	5	6 to 10	11 to 15	Over 15	Total
Percent	3.3	3.9	4.8	4.5	6.8	8.1	9.6	9.8	0.0	4.7
Extreme dependency needs	110	140	108	97	58	31	46	10	4	609
Percent	6.4	10.3	10.5	14.0	14.1	13.9	15.2	24.4	40.0	10.5
Stealing	393	420	267	177	101	63	78	11	1	1,520
Percent	22.7	30.9	25.9	25.6	24.5	28.3	25.7	26.8	10.0	26.2
Anti-social gang affilia	115	117	61	47	19	7	11	1	1	384
Percent	6.6	8.6	5.9	6.8	4.6	3.1	3.6	2.4	10.0	6.6
Eating disorder	12	17	23	7	6	2	6	2	0	76
Percent	0.7	1.3	2.2	1.0	1.5	0.9	2.0	4.9	0.0	1.3
Other	97	111	103	89	45	21	34	11	2	515
Percent	5.6	8.2	10.0	12.9	10.9	9.4	11.2	26.8	20.0	8.9
Total	1,730	1,358	1,031	692	412	223	303	41	10	5,800
Percent	29.8	23.4	17.8	11.9	7.1	3.8	5.2	0.7	0.2	100.0

Percentages indicate the percent of children within prior placement categories who have the specific behavior problem. The percentages consequently do not total downward to 100%, but to a much larger number because of multiple problems.

Mr. STARK. Mr. Spradley.

STATEMENT OF JAMES SPRADLEY, DIRECTOR, GOLDEN GATE DISTRICT, CHILDREN'S HOME SOCIETY OF CALIFORNIA, OAKLAND, CA

Mr. SPRADLEY. Mr. Chairman, members of the committee, my name is James Spradley. I am the director of the Golden Gate District of Children's Home Society. Our headquarters are in Oakland. We serve Alameda, Contra Costa, San Francisco, and San Mateo Counties.

My board of directors has asked me to thank you on their behalf for focusing attention at the—in the Congress and in the community about what is happening to children in foster care, and what is impacting children in the foster care system, as well as those children who are at risk of coming into the foster care system. They appreciate it.

My testimony has been submitted in written form. I would just like to speak briefly about some of the points that I would like to highlight.

The points come out of our administration of the San Francisco emergency shelter care program. Twenty-eight months ago, San Francisco County Department of Social Services asked Children's Home Society to institute a centralized system of care for children who were dependent and neglected and abused, and who were awaiting permanent placement or reunification services.

Simply put, we take care of all the children in San Francisco who are waiting return or placement on a permanent basis.

The trends that we have noted are very congruent with the testimony that has been presented earlier this morning. I would make four points:

First, there is a dramatic increase in the number of children coming into shelter care. We have built the design of the program, and implemented it, based on the best information available in 1980 and 1981, and designed it for 85 children. We have never been under 100 children. We have been as high as 140 children in any

given day. We have had as many as 13 intakes in one day. The numbers are increasing because of the same problems that you have heard about earlier: the increase in the child abuse, the sexual abuse, reporting and incidents; we've got more fire alarms out there and fewer firemen, so we are hearing more about it, and finding out more situations, but we have fewer resources to deal with it.

We are also seeing a dramatic increase in the severity of problems that children are coming into care with: more mental health problems, more sexually abused children, more children that have been through the system, some of the same statistics that you have heard all morning are borne out in our experience.

I also want to mention the fact that children are staying in care longer—we believe too long. Our average number of days of care in the shelter care system is 52, while there are a number of children returning quickly, approximately 38 percent return within 15 days; but still the bulk of children in there are stuck. As many as 23 percent of our children have been in care for 76 days or more. That is supposed to be temporary care; 76 days is not temporary.

Lastly, I would make the point that our job and the demands on us are increasing at a time when we have fewer resources to deal with them. There are fewer case workers. You heard the statistic earlier, there was a 61 percent increase in child abuse reports in San Francisco in 1983, with no increase in the social worker staff.

There are fewer placement facilities in San Francisco for long-term placement for disturbed children. San Francisco alone has lost 75 beds in the last 3 years for long-term placement, with the closing of Youth Campus, and now with the closing of Homewood Terrace in San Francisco.

This is something that we find replicated throughout the State. Training dollars gone, or at least depleted or restricted. These things, the increase in number of kids, the difficult kids, keeping them longer, the back-up of the system, and, most importantly, the lack of resources, are the heritage of the budget cuts that we have experienced in this country the last three or four years, and it is coming home to roost, because it has to do more, with more difficult situations and less resources.

[The prepared statement follows:]

STATEMENT OF JAMES SPRADLEY, DIRECTOR, GOLDEN GATE DISTRICT, CHILDREN'S HOME SOCIETY OF CALIFORNIA

As Director of the Golden Gate District of Children's Home Society of California, I wish to say that our staff and volunteers welcome the concern for the welfare of children which these committee hearings demonstrate. I am pleased to describe for the Committee the children we serve and our San Francisco Emergency Shelter Care Program.

Children's Home Society of California is a statewide nonprofit agency founded in 1891 to provide services for children and their families. Children's Home Society Headquarters are located in Los Angeles. The Golden Gate District of Children's Home Society is headquartered in Oakland and serves the five Bay Area counties—Alameda, Contra Costa, Marin, San Francisco, and San Mateo, and seven Northern coastal counties—Del Norte, Humboldt, Lake, Mendocino, Napa, Solano and Sonoma. We have seven offices in the District in addition to our Oakland headquarters, and nine residential facilities or group homes.

Children's Home Society is a multi-service agency. Although adoption services and pregnancy counseling are offered throughout the state, each District has devel-

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oped other programs to meet the specific needs in its own area. Here in the Golden Gate District, we offer child abuse prevention programs, youth crisis services, day care, case management and respite care for families with developmentally disabled children, and a treatment group home for emotionally disturbed adolescents.

Additionally, we have two programs in San Francisco which deal directly with children and families who are experiencing crisis situations which require out-of-home placement, or who are at high risk of needing such placement.

One of these programs is our San Francisco Emergency Family Care Program whose Program Manager, Lou Fox, has already testified before your committee. The Emergency Family Care Program is oriented toward preventing out-of-home placement by sending trained workers into the home to care for children and assist parents. When referral for these services is made in time, the assistance often makes it possible to avoid removing the child from the home.

The second major Children's Home Society program in San Francisco is our Emergency Shelter Care Program which I referred to earlier and which provides care for children who have been abused, neglected, abandoned, or who for other reasons cannot remain in their own homes and need temporary shelter. Children's Home Society administers and operates this program through an agreement with the San Francisco Department of Social Services (DSS).

It is from the perspective of this Emergency Shelter Care Program that I wish to address the Committee, and so some discussion of the program and the services it offers if revelant as background to my remarks. Before doing so, I want to acknowledge the San Francisco Department of Social Services for its leadership in adopting and supporting the Emergency Shelter Care Program developed by Children's Home Society. The accomplishments of the program are due to this effective public-private agency partnership.

Emergency shelter care services are provided in San Francisco for two categories of dependent, neglected, and/or abused children (California Welfare and Institutions Code Section 300). These are:

(1) Children who need basic out-of-home care during periods of family crisis.

(2) Children who have been placed in long-term out-of-home care but have experienced a placement disruption and need emergency replacement into shelter care for a temporary period while a new case plan is developed.

Built into the San Francisco Emergency Shelter Care Program services at all levels of the program's operations are these conceptual goals:

To provide basic care for children while in shelter, including a calm sensitive home-like environment, sound nutrition, good health care, educational opportunities, and recreational activities.

To establish a standard for the maximum length of stay in shelter care to be thirty (30) court calendar days.

To ensure sensitive assistance to the child and the family during the initial separation and adjustment in out-of-home care and during preparation for discharge.

To facilitate visits between the child and his family based on an understanding of the individual situation of the child and the importance of visiting in reunification efforts.

To reduce the number of different adults involved with the child while in shelter care.

To provide ongoing orientation of each child to the development of his case planning.

To provide a range of facilities available to meet the needs of the wide variety of children admitted to the program. Considerations of sex, age, language, special physical needs, sibling groups, proximity of family, and needs of replaced children are recognized in the design of facilities, staffing of the program and operation of the program.

To provide for intensive care and supervision on a one-to-one basis of those children exhibiting exceptional behavior.

To admit all children referred to the program with the exception of those who present severe danger to themselves or others.

To initiate child advocacy efforts on behalf of children admitted to the program. Through established channels, the staff advocates for children when they believe the child is inappropriately placed in shelter care, remains too long in care, or the case plan does not meet the specific needs of the child.

The San Francisco Emergency Shelter Care Program of Childen's Home Society has three principal components: (1) The Intake/Social Work Unit; (2) Foster Home Services; (3) Group Care Services.

Intake/Social Work Unit: The Program provides 24-hour emergency intake service, accepting children at any time of the night or day. The intake unit is responsible for registration of the child, medical clearance, and assignment to a foster home or group home after the child's situation has been assessed.

The Unit also includes social workers who are assigned to the children during their stay in shelter care. The Children's Home Society social worker visits the child and oversees his/her activities in such areas as parental visits, medical/dental attention, school contacts, etc. The Children's Home Society worker also coordinates with the Department of Social Services worker who is responsible for the child's long-range planning. The Department of Social Services has the legal responsibility for the child's permanency plan and for handling any necessary court action in regard to dependency proceedings or eventual termination of parental rights.

Foster Home Services: The primary function of this Unit is to maintain sufficient foster homes to offer a variety of placement options for children who need foster care. To accomplish this goal, the Unit recruits foster homes in the community, licenses new homes in conjunction with the Department of Social Services, and trains foster parents to deal with children who have been emotionally deprived or physically or sexually abused. For example, some of our foster homes are specialized in caring for medically fragile children such as those who are at risk of sudden infant death, or who need breathing monitors, or tube feeding. Another foster home cares exclusively for pregnant teenagers and their babies once born. Other homes are skilled at caring for developmentally disabled children and "failure to thrive" children. The variety of special skills offered by these foster parents enables us to fit the placement to the needs of an individual child.

The Emergency Shelter Care Program I have described to you has been operated by Children's Home Society in San Francisco for twenty-eight (28) months. During that time, we have been able to observe thousands of children and have extensive experience working with the existing foster care and court systems.

I would like to share some of our observations with you and to summarize the problems and trends we have identified. The principal problem areas I wish to address are: (1) the numbers of children in care; (2) the severity of the children's problems; (3) the length of time the children remain in care; and (4) the dwindling resources available to meet children's needs.

NUMBER OF CHILDREN IN CARE

One of the critical realities facing the Emergency Shelter Care Program today is the sheer number of children who need shelter care.

When we designed the model which became the San Francisco Emergency Shelter Care Program we, and others historically involved in foster care for children in San Francisco, anticipated that a maximum of eighty-five (85) children would need emergency shelter on any one day. By the summer of 1982, our daily census had reached one hundred forty (140) children. This unexpected increase over the anticipated maximum has continued. On April 10, 1984, our Shelter Care census stood at one hundred thirty eight (138) children.

Part of this increase may be attributed to the fact that more abused children are being indentified as a result of greater public awareness about child abuse reporting laws.

We also recognize the effect of societal changes. Parents and children are isolated from extended families. Single parent families especially, usually headed by a single mother attempting to cope with limited resources, find little help from relatives, friends, or the community.

Difficult economic times also contribute. Unemployed fathers who spend more time at home, who are having difficulty adjusting to the loss of their jobs, and who may be drinking heavily, may take out their frustrations on their children.

Reduced Medi-Cal funding for mental health services has affected both parents and children. If psychiatric problems are not treated, they can lead to further family breakdown.

SEVERITY OF CHILDREN'S PROBLEMS

Children entering shelter care today are more severely damaged than those coming into the system a few years ago. That was the conclusion of a group of our Children's Home Society senior staff members at a meeting this month—a group whose professional involvement with such children ranged from seven to twenty years of experience.

Not only are the problems more severe and more complex, but children are facing these problems at a younger age. Forty percent (40%) of the children in Shelter

Care in January of 1984 were under six years of age, and increasingly, these very young children have been physically or sexually abused.

Recently a brother and sister, ages two and three were found by the police locked alone in an apartment. Their parents had been arrested for grand theft and taken to jail. When the police found the children they were unclothed and covered in excrement. The neglect was so extensive that neither had learned how to speak. These children were brought into shelter and we placed them in a foster home. They have been undergoing psychological tests, play therapy, and developmental evaluations. They are responding well to the foster home setting, but will require long term services to reverse the damage done by neglect at their young ages.

The number of children with severe mental and behavioral problems is also on the increase. So disturbed are many of these children that they present a danger to themselves and others. Many of their parents also have mental health problems, or are drug addicted. The trend toward de-institutionalization has left many adults in the community who in years past would have been receiving care themselves. Unfortunately, community-based resources have not been provided to serve these disturbed people, whose problems are often reflected by their children.

Recent reductions in Medi-Cal funding for psychiatric services have also resulted in the release of children from acute care facilities before their psychiatric needs have been met. Placing them in a Shelter Care system which was not designed to handle severely disturbed children has the potential for tragedy. It is an explosive situation. It is also detrimental to the children on a day-to-day basis. The disturbed children deteriorate further because they are not getting the help they need, and the more normal children around them are often negatively affected by and drawn into unhealthy behavior.

As indicated by our statistics for January, 1984, some thirty five percent (35%) of the children in our Shelter Care Program are teenagers. Many of them are products of a system that never really resolved their problems when they were young. They are the legacy from years before the federal and state governments acted to improve the planning process, and many have been badly damaged.

Others have parents who deny their children's needs in a desperate attempt to meet their own. At age fourteen, Anne was living with her mother and two brothers in a car in a garage at the home of the mother's boyfriend. The boyfriend sexually molested Anne. The mother had serious emotional problems of her own and her children were brought into shelter as a result of her neglect.

When Anne came into shelter, there was no information concerning any sexual abuse. She was suffering from scoliosis, and was given x-ray treatments while she was in foster care. It was not until she was twenty-two weeks pregnant that her pregnancy was discovered. Charges were brought against the mother's boyfriend for molestation. Anne's mother testified in defense of the boyfriend. Anne testified in her own behalf against the boyfriend. The criminal court process concerning the molestation charges complicated the juvenile court process concerning the dependency issue, and Anne was in shelter for seventeen weeks. Only after the boyfriend was convicted of the molestation charges was Anne finally placed in a long term group home.

LENGTH OF STAY

Despite efforts to control the length of time children spend in foster care and to avoid the tragedies of children drifting within the system for unreasonable periods of time—efforts initiated by PL 96-272 and SB 14—we find that children are staying in Shelter Care longer than the anticipated maximum of thirty (30) days. The average stay of a child who has entered the Shelter Care system for the first time is fifty-two (52) days, based on our monthly statistics for January 1984. Although thirty-nine percent (39%) of the children remained in Shelter Care less than fifteen (15) days (many of them were in care less than forty-eight (48) hours), approximately twenty-three percent (23%) of the children had been in care for seventy-six (76) days or more. For children who are re-entering Shelter Care, stays are even longer.

We can identify several factors which contribute to this problem.

(1) *Delays in Planning.* The court procedures involved in the dependency cases are time consuming and generally necessitate the child's remaining in shelter until the dependency issue is resolved. Often the court procedure is lengthened by the granting of continuances because parents fail to appear or the detention is contested, or a relative enters the picture late in the process. Too often, the adults win but the children lose. Each continuance may add two to four weeks of delay to the process, delay that is counter to the goal of quickly meeting the needs of children who have entered the foster care system.

In addition to the delays encountered in the court process, social workers from the Department of Social Services carry large case loads which lead to further delays in establishing and implementing permanent plans for the children. More social workers are needed to handle the increasing caseloads. According to Ms. Lillian Johnson, Director of Family and Children's Services of the San Francisco Department of Social Services, increased referrals for child abuse and neglect raised the number of cases assigned to Children's Emergency Services by sixty-one percent (61%) from Jaunary 1983–January 1984, with no staff increases. The San Francisco Department of Social Services social workers also need additional training in permanency planning for children. With reduced funds for such training, the workers do not always have the background to perform their permanency planning duties quickly and efficiently. The planning process should begin as early as possible, not waiting until the court has declared the children court dependents.

Another factor causing delays in the movement of foster children to permanent placement is the non-availability of appropriate long term placement facilities. In the Bay Area alone in the two years, seventy-five beds for residential treatment were lost. Only seventy beds now exist in San Franciso for the residential treatment of children with special needs. The sixty-mile distance limit on placement of dependent children further compounds the difficulties of finding suitable facilities.

Adolescents present particular difficulties in placement. Often there is no place for them to go, so permanency planning is either delayed or impossible. We should note, too, that services are halted at the age of eighteen regardless of a child's situation, and regardless of what the foster care system has done, or failed to do, for him or her as a minor.

DWINDLING RESOURCES TO MEET CHILDREN'S NEEDS

At the very time when children in larger numbers, with more complex problems, are entering the out-of-home care system, funding for services has been cut by the federal government. We are now feeling the impact on families and children of the budget cuts from the Omnibus Budget Reconciliation Act of 1981. These cuts have affected services both directly and indirectly.

While the cost of caring children continues to increase, the rate of payment for their care has not kept pace. Although occasional increases have been granted in foster care rates over the past few years, they have not come close to matching inflation. We have witnessed the closing of nonprofit facilities which have been unable to survive this growing differential between the rate paid for services and their cost. Many nonprofit organizations, including Children's Home Society, are invading their reserves to continue to provide services. Clearly that course of action cannot be sustained.

The gap between costs of care and rates is making it more difficult to recruit foster parents. Most families need income from both parents in order to support themselves. If one is to stay home and provide foster care, there must be an adequate economic return.

For those who are willing to be foster parents, resources are not available to provide the training and support they need to handle the damaged children in their care. Nor are there funds to provide respite for foster parents who need an occasional break from the demanding work they perform. We are pushing our foster parents to the limit, keeping their homes filled with children whose problems often require skills which they have not acquired. At Children's Home Society, we provide support to our foster parents, but we are not able always to offer enough training and support for the demands our foster parents face today.

To maintain a sufficient number of quality foster care homes, the licensing staff must conduct in-depth home studies. But we find that there are too few workers to study potential foster homes as thoroughly as is required if quality is to be maintained.

Heavy caseloads at the Department of Social Services also prevent workers from staying in as close contact with the children in shelter care as they would like. This affects their ability to make effective permanent plans.

There is even a move toward using workers with Bachelor's degrees, rather than those with Master's degrees in Social Work, to handle Shelter Care children. We need more, not less experienced and knowledgeable people to deal with these very difficult children. The Bachelor's degree may be sufficient in some parts of the social work system, but not in protective services. Here we should have the best educated people, and enough of them to do the job properly.

To save money by reducing the quality or quantity of the social work staff is not only to affect the childern deterimentally, but ultimately to pay more in foster care costs, and in other costs to society as these children reach adulthood.

CONCLUSION

I have touched on several areas of the shelter care system, all of them interrelated. In summarizing, I would like to highlight the key trends which we have observed in our two and one half years of providing Emergency Shelter Care in San Francisco.

The severity of the problems of children who enter foster care continues to escalate. More and more younger children are coming to us, already the victims of serious physical or sexual abuse. Despite the reported economic upswing in the country, many parents continue to be under immense stress to provide for their children with little support from family, friends, or the community.

Movement of children out of foster care is still being hampered. The court process to determine the dependency of these children is slowed by continuances and the general adversarial nature of the proceedings.

There are too few qualified public social workers to handle the large caseloads of children in foster care.

Workers need time to know the children, to work closely with City Attorneys in preparing cases before they go to court, and to develop plans for successful permanent placement.

County Departments of Social Services should be urged to begin permanency planning at an earlier stage of the dependency proceedings, and to move children more quickly into permanent placement.

The number of facilities and types of care available need to be expanded. Often children who need treatment are only receiving custodial care. And children who are especially difficult to place, such as adolescents, need more placement facilities and services.

Funding for family services should be restored. With federal cutbacks to family and children's services, we have seen the diappearance of funds for training and support of foster parents and staff. Many direct services which were formerly available to parents or their children no longer exist, or have been reduced—service such as long-term residential treatment facilities.

The concept and philosophy of PL 96-272 and SB 14—to provide services which will prevent the breakup of families, to reunify families where possible, and to move children who cannot return home into permanent placement as quickly as possible—are commendable. We have been and continue to be highly supportive of this philosophy.

However, without the resources to provide the services which are necessary to prevent children from languishing in foster care, and either to maintain them in their own homes or find a permanent placement for them, the philosophy cannot succeed. It may even present a danger to the lives of the children whom the law sought to protect, by moving them through the system only to reunify them with unsafe parents or to place them in inadequate out-of-home settings.

Respectfully submitted.

STATEMENT OF HELENE WEBER, REGIONAL DIRECTOR, NATIONAL ASSOCIATION OF SOCIAL WORKERS—ALAMEDA, CONTRA COSTA, SOLANO, AND NAPA COUNTIES, STATE OF CALIFORNIA CHAPTER

Ms. WEBER. My name is Helene Weber, and I am testifying on behalf of the National Association of Social Workers, a professional organization of social workers, California chapter, and I represent region C, which is Alameda, Contra Costa, Solano, and Napa Counties.

I am employed as what is called a social casework specialist by Contra Costa County Social Service Department in Children's Services; and, as such, for the last 17½ years I've evolved from what was originally called a child welfare worker—I have done all of the services in children's services at this time. I started as an adoption worker. I have been a licensing worker in foster care, and day care

licensing. I have been a developer of foster care and day care facilities. For 6½ years, I was in children's placement services, and for the last 8 months I have had a unique position in what is called the Rodeo Community Services Center, an anachronism, I think, throughout the State. It's a small, little center, where we are right in the community, and we deal directly with the people in our local area. My mileage has gone down theoretically because most of my trips now are only within 6 miles of the office instead of 20 when I used to go out to Danville where Mr. Stark lived.

The last 2 years have been extremely stressful for social workers in this field. For those who practice the profession of social worker, particularly those of us in the public agencies charged with providing children's services, in attempting to rush ahead, and I really use those words, "rush ahead," to implement the State and Federal laws.

We have been constantly changing the way that we have been delivering services and what we are supposed to be doing, and the roles and functions of the workers and responding to the reporting systems. I think there are three computers that I have to fill out data sheets for now—the State's, the county's, and somebody else's data system.

We are also vitally tied to the judicial system, and our petitions and court reports and detention orders must be very specific and very good and very to the point in dealing with these children.

We are tied to the two-bases or bosses: the judicial system and the social service department. We must know all of the regulations involved. My head whirls constantly trying to figure out whether I am on a 2-hour response or a 2-day detention or a 2-week requirement to get a service agreement. All of these things, you have to do them within a certain timeframe, plus meet the 6 months requirements for reviews and 90-day requirements for this and that and the other thing.

These are the things that we have to be aware of and have to know. This is just part of it, what I have to say.

Let me just talk to the emphasis of Public Law 96–272, which I think is erroneous. It starts at the tip of the iceberg, where its very title in calling itself "The Adoption Assistance and Public Welfare Law."

Adoption work is the miniscule part of the work of child welfare, and we have emphasized that. Maybe it was political, I deeply feel that it is, because that is where the money came from to get this law passed.

Mr. STARK. You are quite right.

Ms. WEBER. That's been my feeling for the last 10 years, since I got out of the adoption field.

But the child welfare part of it has been neglected, grossly, grossly neglected. We can no longer provide what are called "child welfare services." We do an emergency in 2 hours. We put bandaids on whatever is happening.

We remove the child if nobody is available, if the child is being abused and neglected. And then we return the child home within a couple of days because there is nothing much else that can be done.

And we close the case. As someone earlier said, we don't have many options for followup.

When we get into the family maintenance program if I open up a case—I have get at least 10 cases on my desk right now. I mean, I have literally left my desk stacked high with cases I needed to get to last week.

For instance, last week I started on a case that the family needs beds, that needs sheets and towels. Three teenagers have been out of school for 36 days out of this last semester.

How do you get to those kids? How do you find out what is happening? A working mother who is holding down two jobs; she doesn't get her kids to school. A working father whose wife has left the home gets one child to school, and three teenagers are on their own, ignore him in the morning because they don't have any sheets to sleep on or towels to take a shower. Nobody gets them up to go to school, and nobody follows up on whether they get there or not.

Children's services workers are overloaded and feel constantly they are running in a rat race. I feel I cannot finish anything that I start. The only time that I feel that I have finished something is when a child goes to residential placement and is transferred to another program. That is a seriously disturbed child; and sometimes I will feel that I have done something that has some completion.

Adoption, I feel, is not a solution for most of the children who come into our child welfare systems. Adoption is an artificial institution in our society. Previous to this century, children who were orphaned or whose parents were unable to care for them were either cared for by informal arrangements by families or friends, or regrettably put in large, exploitive institutions. Adoption policies rarely emphasize the needs of the children, but have been developed out of the needs of childless adults. Children are usually still bonded to that first family in some way or another, and the transition to a new family doesn't take place easily or smoothly. Nor is it easy or smooth for the adopted family. But agency services to adoptive families are usually stopped as soon as the family joyously leaves the courtroom.

The emotional problems of the neglected, abused, and abandoned reoccur year after year after year. Children rarely get over the feeling of being abandoned, even if they don't know really what happened to them.

Counseling services are rarely available to adoptive parents or to adoptive children or adoptive adults who have recurrent feelings about these situations throughout their lives.

Permanency planning, again, is fallacious. There is very little permanent in life for children, including our own. Parents are divorced; parents move; children have to be able to be helped through the different milestones in life. To think that we are going to make everything rosy and everybody is going to live happily ever after just because we made a permanent plan is a fallacy. We have to have services available to people who have assumed the care of a child not their own, and once a child, as I said before, has experienced severe deprivation in early childhood or the lack of bonding that is so important between the ages of 9 and 18 months that goes to make a child able to relate to other people, those things have to have work and help throughout a child's life.

Sometimes a 15-year-old mother may not at 15 or 16 be able to take care of her child, but at 30 may be eager to provide a reason-

ably adequate home for her own child. Or a 16-year-old may be able to provide the early nurturing for a 1- or 2-year-old, but when that child is 10 or 12 and brighter than that not too bright 30-year-old mother or father, they may no longer be capable of providing the kind of limits and guidelines a teenager needs.

Mr. STARK. You have a group of sympathetic fathers up here. [Laughter.]

Ms. WEBER. I have returned many children to natural fathers who have worked hard to provide a home for their children, when the natural mothers are unable or unwilling to.

Directing the life of a child toward adoptionship or guardianship is only valid if child welfare services are available throughout the life of the child or the parents.

Recently I have had many, many concerns from workers in our department in Contra Costa County about what has happened in the Family Reunification Programs and the Permanency Planning Program.

The children are going through a revolving door. They are being returned home by the courts. The natural parents fail again, and the children are being returned to foster care, but not usually to the foster home where they have had some security—because that home is no longer available—but to another new home.

The child has to return to foster care, more damaged than before.

I wanted to talk briefly about shelter care facilities which were discussed in previous testimony today. In our county, the shelter care facility is under contract to an outside agency because, I don't know if you are aware of it, there is no Federal and State foster care funding if the county runs their own shelter care facility.

Therefore, we have a contract whereby we pay $3,400 a month per child for a shelter care facility. We have to make sure that that shelter care facility is going to have enough money in its coffer every month to maintain the facility.

Chairman FORD. Do you know if that money is coming from where, the $3,400?

Ms. WEBER. Federal and State funds.

Chairman FORD. Federal and State, OK.

Ms. WEBER. So, for a part of the year when that shelter count was low, we were directed to place all children in that facility rather than in emergency foster homes, or in interim group homes which were developed by the people of our county, because we had to keep that facility running at $3,400 a month versus $13–$18 a day to maintain a child in an emergency foster home, or $1,800 per month to keep it in a Youth Homes facility.

Mr. STARK. Yes.

Ms. WEBER. My concern is that State bill 14, which has been the California implementation of the adoption and child welfare law, seems to have taken the child welfare out of the services.

Our emphasis is on maintaining the natural family or returning children to their family quickly. However, there is little money for the services that are mandated. We have no homemaker services in Contra Costa County. There are very few parent education classes, particularly in areas accessible to a parent without transportation

or to a factory worker who comes home tired after 8 hours on the job.

Medical public care—MediCal—has been limited to bare bones medical care. Therapists and clinicians who can help with the mental health problems, or deal with the drug or alcohol problems are limited to short-term therapy. Clinical therapists work in highly populated areas, where they can develop financially secure practices, not in areas where the clientel is dependent on shrinking public funding.

We can rarely procure services for prompt diagnosis and evaluation of mental and physical health problems for children or the parents. A thorough evaluation may take months, but current law mandates that a family is to be changed in 60 or 90 days and public services terminated.

That is just not possible. We don't even have a relationship with an angry family in 60 to 90 days. Parents, who feel their lives have been interfered with and who feel justified in what they have done to their children, are still not talking to social workers about their problems.

Housing for the poor has become an excruciating problem in our counties. Rentals of one-bedroom apartments are now at a minimum of about $350. There is an increasingly small number of section 8 subsidized housing slots available for which many of my clients have waited 2 or 3 years. Public housing is full. Where are poor people supposed to live? Some of the places that I have seen people live in in the last 9 months are units that were converted into housing during World War II to make room for people working for Mr. Kaiser. They are in areas underneath houses, reminiscent of the chicken coops that were lived in in my neighborhood in Oakland, but poor families are living in them still.

The cutbacks in professional staffing you have already heard about. Workers are not being replaced when they quit and retire. Moreover, we don't have the ancillary people like the transportation people that were supposed to have been mandated by S.B. 14.

In my office we have an occasional volunteer to provide transportation, but I cannot get anybody to pick up foster children for a visit with their parents, which I am supposed to do every 2 weeks, thereby taking 3 to 4 hours of my time to provide the visit.

An issue that my colleagues in the professional association want me to bring to your attention is the increasing deprofessionalization of child welfare staff.

Professional social workers are trained in masters programs to do child welfare work. Like members of other professions, they have developed a philosophy about what will be beneficial for children. They have not been promoted out of the ranks of totally nonprofessional workers who have little academic background or intensive field training.

To go back to what the doctor said, you wouldn't want a medical technician to be doing the operation that the doctor does, the gall bladder operation. You would want that medical technician to have gone through qualified medical training to do the work that he was cut out to do.

Workers who start with a public welfare agency without any postsecondary school education are being promoted into the ranks

of professional workers. Somebody can start as an eligibility worker, then be promoted to a licensing or in-home care worker, with little more academic work, but the years of experience being equated.

Then from there you become a child welfare worker. At no point in time have you had to meet the requirements of a professionally trained or licensed social worker. We have had, in the attempt to minimize the costs of providing child welfare services, an attempt to deprofessionalize social work and serious reduction in the qualifications of workers providing these sevices.

Where once in Contra Costa County, we were rated as outstanding in providing child welfare services, I no longer think that we feel we are providing top quality service as hard as we may try.

I have a few recommendations to the committee for changes in the law and regulations: One would be to shift the emphasis back to providing child welfare services; and more time and money for the direct basic social work services and less case management, which still takes so much time and relies on outside people. I would like to see less shifting of clients from worker to worker within the agencies so that trusting relationships can be established.

Two, we have to be allowed to work at more realistic time frames. We cannot keep going at a break-neck pace and expect to get the job done well.

Child welfare is an extremely stressful job dealing with people at a crisis in their lives, and workers must have the time to deal with that stress and recoup their own energies.

Three, we need better trained, and credential workers.

Four, we need more reliable back-up systems. We need clerical workers who will file our pieces of paper and records so that we don't spend our time at $20 an hour filing data sheets and letters.

We need transportation workers and homemakers. We need resource investigators, people who find out what is available for the people in the local community, and encourage resources to come into the community.

Five, there must be greater coordination of the laws and regulations between the Federal, State, and judicial system, and the social service system.

And six, there has to be a change in our basic economy—more low-cost housing, and more jobs for the unemployed.

Mr. STARK. Thank you.

Chairman FORD. Thank you very much, Mr. Stark.

Mr. STARK. I just want to thank the panel. I am trying to think of your closing statement, Mr. Spradley. You had a good quote in there, and I don't think we found it in your prepared testimony, so when it comes back, do you mind, I would like to have it in scriptures to add to the——

Mr. SPRADLEY. Are you talking about the 1981 budget reconciliation?

Mr. STARK. Right.

Mr. SPRADLEY. That is all we heard about all day.

Mr. STARK. Well, I know. Just for the record, Ms. Weber, Danville was my home, but Oakland has been for the past 12 years. Those powers that arrange what district—where the district lines

will be drawn, drew me out of Contra Costa County, some years back.

Ms. WEBER. I knew you lived there.

Mr. STARK. While I miss it, I know that you are well represented out there.

And now the oldest in my family has just arrived in the rear of the room, so he can have a chance to get reacquainted with Jim.

I guess I have thanked you all very much for taking your time.

Chairman FORD. Thank you very much.

Mr. Stark.

Mr. STARK. Thank you, Mr. Chairman.

We save as is our tradition, the best for the last, and our last panel which will deal with Permanency Planning and Adoption in the face of Ms. Weber's admonition to the contrary, Alice Washington, the executive director of the Black Adoption Placement and Research Center, and Jim Mehlfeld, the executive director of the California Adoption Program Aid to Adoption of Special Kids.

Chairman FORD. The chairman would like to thank the next panel for waiting and being so patient—waiting so patiently to testify this afternoon. We know that you have been here in the committee room all morning, and we welcome you. We are delighted to have you, and thank you again for waiting.

Before you start, Mr. Stark, I want you to know that I have the distinct pleasure of having the young Stark next to me, and I have noticed him in the back of the committee hearing room, and I would say to you, Mr. Stark, that I wish you the very best; but, at the same time, I would like you to go over some of these issues that we are dealing with here, and we know that your commitment will be just like your father's unless you are elected to the board of supervisors.

Mr. STARK. I'll be glad to give equal time to anyone here. [Laughter.]

Ms. Washington, would you like to proceed?

STATEMENT OF ALICE WASHINGTON, EXECUTIVE DIRECTOR, BLACK ADOPTION PLACEMENT AND RESEARCH CENTER, OAKLAND, CA

Ms. WASHINGTON. Good afternoon.

I am Alice Washington, and I am the executive director of the Black Adoption Placement and Research Center.

Before I begin my testimony, I would like to make a comment. Earlier there has been a lot of concern regarding information from consumers about consumers, and how they feel about the services that they are receiving, and the comment was made that there are few if any studies to this effect.

I would like to mention to the committee the study done by Coleman Children and Youth Services, which is a small advocacy agency in San Francisco, which recently 2 years ago completed a study entitled "Three Hundred Families in San Francisco," which actually documents the consumers' feelings about the services that they have received over the years from the county and public and private sectors.

Mr. STARK. We look forward to getting a copy of that.

Ms. WASHINGTON. I can have Coleman send you a copy.

Mr. STARK. We will certainly appreciate it. Thank you.

Ms. WASHINGTON. As I said, I am the executive director of the Black Adoption Placement and Research Center. We are a fairly new agency, about 10 months old, which grew out of a concern from the black community regarding the plight of black children in foster care.

There are about—over 27,000 children in foster care in California, and 25 percent of those children are black.

Black children, more than any other ethnic groups, suffer the injustice of the foster care system throughout the State of California, or in the United States in general.

This is because they tend to stay in foster care longer; once they enter foster care, they are moved around more frequently because there are no suitable homes for them. Nine times out of 10 or about 50 percent of the time, they are not placed in homes of their ethnicity; they are placed outside of their ethnicity.

There are children who because of the system tend to become more emotionally disturbed. Several years ago the Bay Area Urban League did a study in Alameda County, looking at barriers to the adoption of black children, and from the data gathered, the profile of a black child, a family, and his status in foster care in Alameda County was something like this: He is a 9½-year-old child with two brothers and/or sisters, and two natural parents who are not living together. He is a dependent of the court because his parents had neglected him or are unable to cope with the child due to a combination of factors.

On the average, the child has been in foster care for almost 5 years. During this time, at least one parent has maintained some contact with the child. While the child is physically and emotionally healthy, he is not likely to be doing very well in school, or he requires a special education setting.

On the average, the child has been in at least three foster home placements, and this includes emergency or temporary placement, since becoming a dependent of the court.

Regarding his future, the caseworker appears to recommend for these cases out-of-home care, legal guardianship, reunification or adoption.

Public Law 96-272 and S.B. 14 are both legislation that advocate permanency planning for children. Both of these legislations outline mechanisms and procedures for moving children into foster care, but first of all keeping them out of foster care in the first place. Only when services—preventive services—are not able to be found, or families have been found not to utilize these services, are children supposed to be brought into the system.

Yet, in California, we still have an increasingly large number of children being brought into the system. Instead of being adopted or parental ties being terminated as is the pattern in permanency planning, there seems to be an overuse of what is called legal guardianship.

At this point, I would like to share with you the concerns—and I am not going to go over all of them, because I am sure Mr. Mahlfeld is going to mention several too.

But I would first like to look at the system itself. Foster care is supposed to provide a better service, a better plan for a child. However, that is not the case. A lot of the children who enter the system, end up being neglected and abused because foster parents don't have the kind of training; they are not provided respite; there isn't the kind of supervision of the home, so the same kind of living situation that is presented in the biological family tends to exist in foster care itself.

In terms of adoption, one of the concerns that the Black Adoption Placement Research Center has is that in county agencies who are mandated to provide adoption services for children, there is no minority recruitment going on; and when there is, the recruitment is not geared to the specific needs of the minority community.

Therefore, they are not getting the kinds of families that they need to really provide services for minority children.

Mr. STARK. You are talking about recruitment of adoptive parents, not professional staff?

Ms. WASHINGTON. Exactly.

There have been numerous studies throughout the United States and in California, which document that if minority families are reached out to creatively they do respond.

Recently, the Children's Bureau in Washington, did a study which found out that if white families and Hispanic families adopted at the rate of black families there would be no white children or Hispanic children in the foster care system.

Therefore, black families do adopt children; however, it is the manner in which they are reached out to that does not produce the kind of results to really provide the good services for black children who come into the system.

One other aspect is preventive services. Public Law 96-272 and S.B. 14 outline certain services to prevent children from coming into the system.

The concerns that we have as a black adoption agency are:

One, do these services exist?

If they do exist, are they culturally sensitive and relevant?

I have known of cases where families have been sent to parent training, and if you go to those classes, you kind of wonder: Is this the kind of training that these families need and from this class how do you measure that a parent has improved in parenthood skills?

So, the question becomes: Are these classes relevant, and do they really exist to help the family?

One of the big problems in terms of adoption of children in general has to do with the communication between foster care and adoption. You would be surprised to know that sometimes foster care workers don't even speak to adoption workers, because adoption workers feel that they are better than foster care workers, and foster care workers feel that adoption workers don't understand them.

There needs to be a mechanism whereby foster care workers and adoption workers are held accountable for communicating with each other so that their interpersonal feelings and relationships do not interfere with the placement of the child for adoption.

Finally, I would like to talk about the adoption subsidy which Mr. Mehlfeld will go into in some detail. There is concern that counties are applying a means test to determine whether or not a child is eligible, and that is contrary to Public Law 96–272, which states that a means test is not to be applied to the adoption subsidy; however you can take the income of the family into consideration when you are determining the amount.

There are a large number of counties who continue to look at the family's income to determine, first of all whether or not the child should have the adoption subsidy.

[The prepared statement follows:]

STATEMENT OF ALICE WASHINGTON ON BEHALF OF THE BLACK ADOPTION PLACEMENT AND RESEARCH CENTER, OAKLAND, CA

Good afternoon. My name is Alice Washington and I am Executive Director of the Black Adoption Placement and Research Center in Oakland, California. I have over 17 years experience in the area of child welfare.

The Black Adoption Placement and Research Center (BAPRC) is a non-profit, community based adoption agency licensed to link prospective adoptive parents with black children of all ages who are available for adoption in California. Many of the children we will place for adoption are products of the foster care.

BAPRC offers a comprehensive program of recruitment, homefinding, counseling, child welfare training, public education and research. The Agency has been in existence almost ten months. We were established because of the black community's concern about what was happening to black children in foster care in California. There are over 27,000 children in foster care in California. About 25% of these children are black.

Black children more than any other ethnic group suffer the injustices of the foster care system. They remain in care longer, they become more emotionally disturbed because of the system, they are moved from one placement to another placement more often, and are children who are placed outside their ethnic culture.

Several years ago the Bay Area Urban League, Inc. did a study of black children in foster care in Alameda County. From the data gathered, the profile of a Black child, his family, and status in foster care in Alameda County is thus:

A nine and a half year old child with two brothers and-or sisters, and two natural parents who are not living together; is a dependent of the court because his parent(s) have neglected him or are unable to cope with the child due to a combination of factors.

On the average, the child has been in the foster care system for almost five years. During this time at least one parent has maintained some contact with the child. While the child is physically and emotionally healthy, he is not likely to be doing very well in school or he requires a special educational setting.

On the average the child has been in at least three foster homes placements (including emergency or temporary placements) since becoming a dependent of the Court. Regarding the child's future, the caseworker appears to recommend for these cases continue out-of-home care, legal guardianship, reunification, or adoption.

PL 96–272, the National Child Welfare and Adoption Assistance Act, and SB 14, the State of California permanency planning bill, both came into existence to correct foster care drift of children. These two pieces of legislation outline procedures and mechanisms for States and counties to receive funds to prevent children from entering out-of-home care. PL 96–272 and SB 14 also mandate preventive services to be offered to families so that children will not have to be removed from their own homes into a system that allows them to float for years and years without a permanent plan being made for them. Only when those services fail to keep the family together should removal from the home be considered. Once the child is brought into the system he-she should be reunited with the family as soon as possible. If reunification is not possible the rights of parents must be terminated.

The Black Adoption Placement and Research Center applaud the efforts of the government to try and correct foster care drift. Foster care is not cost effective. Prevention is.

At this point I would, on behalf of the BAPRC, share with you my observations of what is still happening to children in foster care in spite of PL 96–272 and SB 14.

1. *The System Itself:* We are concerned that children are brought into a system that does not offer them any better care or protection than if they remain in their

own homes. Child abuse and neglect is on the rise in our-of-home care. Foster children are not seen on a regular basis as is the law. Some are only seen when there is a crisis. Once children enter care they do not experience the stable foster home placements. They are often moved from home to home, or returned to emergency shelter care where they remain for long periods of time without a permanent plan. As seen in the profile of the Black child some children have at least three placements while in out-of-home care. I have read of children who have moved as many as fourteen times.

The supervision of children in foster care should be improved. Workers should be held more accountable for regular visits, not only with the foster parents, but also with the child whose interests the Agency represents. Foster parents need support to help them deal with the stress that goes along with being a foster parent. They need respite. They need to feel a part of a team and not just custodians. They need to understand their changing role with respect to permanency planning.

At the same time, however, children in foster care need the assurance that they can and will be protected by the Agency that is mandated to do this. Many children are afraid to confide in their workers because of the fear the information might get back to the foster parent. It is a good policy to hold exit interviews with all children who leave foster care. This will help children to learn to trust the system that is to protect them.

2. *Minority Recruitment:* In most agencies there is no recruitment going on. And if there is for black children the recuritment efforts are not culturally sensitive or relevant. There is a myth that blacks do not adopt children, yet a recent study released by Children's Bureau indicates that if whites adopted at the rate of Blacks, there will be no white children in the foster care system. Recruitment for foster and adoptive homes need to be ongoing. Recruitment should be aimed specifically at the black community, and should not only educate the community regarding the needs of children in foster care, but also identify individual families who can meet the needs of particular children.

3. *Foster Parent Training:* This is mandated by SB 14, yet there is very little of foster parent training going on. The children who enter foster care to day are much more disturbed than ever. Foster parents need the tools to work with a population different from what they were used to working with. This requires training, not just any course, but training that is relevant and appropriate to the needs of the foster parent and those of the child.

Foster parent training must be ongoing.

4. *Preventive Services:* These are also mandated by SB 14 and PL 96-272. They are to include such services as respite, parenting education, transportation, family day care, etc., etc. There is concern as to whether these services exist, and if they do exist how relevant are they in bringing about the change in a parent's behavior so that the child is not removed from the home, or can be returned to the home once removed. For minority families the concern is whether or not the services are culturally sensitive and relevant to them. Services should meet the needs of the client and not those of the Agency.

5. *Adoption Subsidy:* The adoption subsidy is designed to meet the needs of the child, not the adoptive parent. It is not to be seen as a means for saving the county money. PL 96-272 makes it clear that a means test should not be applied in considering the subsidy for the child. Yet there are counties, and I do not know if Alameda is one of them, that apply a means test to determine subsidy for the child. In California there are 58 counties as well as 58 different interpretation of the adoption subsidy. The subsidy has been found to be very valuable in finding permanent homes for children in foster care.

6. *Communication Between Foster Care and Adoption:* There needs to be better communication between foster care and adoption workers. More children in foster care could be adopted if there were a better working relationship and more respect between the workers in each of these areas. Foster care workers do not speak to adoption workers and vice versa. Therefore adoption workers will not accept children in foster care who are adoptable because the relationship between the two are strained. The child gets caught in the middle and is therefore left in a temporary living situation for the rest of his life.

7. *Accountability:* Foster care needs to be held more publicly accountable for the system can be just as abusive as natural parents. The foster care system cannot police itself as is so often what happens. There should be a citizen review mechanism which monitors the implementation of permanency planning.

Chairman FORD. May I, Ms. Washington, you talked about—you have been talking about the black experience, what about the adop-

tion rate to relate to the foster care, the foster homes for black children? Which would be the greatest?

Ms. WASHINGTON. Usually, the children who are adopted are adopted by foster parents. That has been documented: That foster parents do adopt foster children. Prior to S.B. 14 and Public Law 96-272, the emphasis has not been on foster parents' adoption, because foster parents were looked at as custodians.

However, with Public Law 96-272, they play a different role, and, I think, for foster parents they don't appreciate——

Chairman FORD. But there doesn't seem to be a working relationship between the adoption work versus——

Ms. WASHINGTON. But that is not the foster parents' fault. That is the administration and mechanism within the county agencies that dictates what happens between the foster care worker and the adoption worker; it is the level of accountability by the administration to hold each worker or supervisor that is lacking for making sure that a permanent plan for a child is made.

Chairman FORD. But oftentimes, it is the foster parent, right?

Ms. WASHINGTON. Yes.

Chairman FORD. Now, the foster worker versus that of the adoption worker—how do they communicate with the foster parent?

Ms. WASHINGTON. Well, what currently happens is that if a foster care worker believes that a child is adoptable and the child is adoptable by a foster parent, then they would proceed to communicate with the adoption worker, and say:

"Look, I have a family who wants to adopt this child. This child is eligible for adoption. I would like for this family to adopt this child."

Chairman FORD. But oftentimes, it is the same person that is involved, or persons; right?

Ms. WASHINGTON. Yes.

But, and so often, too, the adoption worker will say, "Well, I disagree with your plan. I don't support your decision."

That is the foster care——

Chairman FORD. But she is working with the same——

Ms. WASHINGTON. Exactly, and has more information and knowledge about what is going on; yet, it is the adoption worker who is determining whether or not the child is adoptable, rather than the person who actually has the day-to-day contact.

Mr. STARK. Mr. Mehlfeld, the chairman and some of the staff have to catch a 2 o'clock plane for Washington, and I am going to stay, but I just wanted to apologize as we pick up some of the papers here that they are going to take back to Washington. We can continue as long as need be. I don't want you to get the feeling that you are being given the bum's rush here. But we do have to get some of it back and some of our staff has to return.

I just wanted to apologize for some of the activity here as we take away our destroyable tent with us.

Chairman FORD. The chairman would like to apologize also for leaving out. I do have a flight to catch to return back to Washington.

Mr. Stark, I would like to say to all the witnesses who have testified that my plans are as chairman of the Public Assistance Subcommittee is to communicate with Congressman Stark in the in-

coming weeks and to see if—to look at some of the recommendations that have been made by the witnesses here, and hope that we can turn those recommendations into some meaningful and significant legislation that will respond to the many, many problems that we have all identified here today.

And I pledge my full support as chairman of this Subcommittee in working with your Congressman from the Oakland area and other members of Congress in trying to bring about some of those changes that are needed in the areas that we have discussed at this public hearing today.

And I apologize for leaving out a few minutes early, in order to catch my flight.

Thank you.

Mr. STARK. Mr. Mehlfeld.

Mr. MEHLFELD. I think that I should lead off with the most important statement, that I will be brief.

And you do have my written testimony. I just want to highlight some things.

Mr. STARK. Which will be part of the record in its entirety, yes, but I would like you to go ahead.

STATEMENT OF JAMES H. MEHLFELD, EXECUTIVE DIRECTOR, CALIFORNIA ADOPTION PROGRAM, AASK AMERICA, AID TO ADOPTION OF SPECIAL KIDS, OAKLAND, CA

Mr. MEHLFELD. I would like to talk adoption, in reference to previous testimony and also because of AASK's initial success. You talked about instant consumers. One of the consumers—is adoptive parents. Bob and Dorothy BeBolt are a very unusual family who founded AASK 10 years ago. They were unusual in that they adopted a number of handicapped children and got inquiries from numerous parents, saying; "I could adopt a kid like that. These kids are something I can handle."

And when these people went to agencies they were discouraged for a number of reasons. It was out of that frustration that AASK America, as it is called now—Aid to Adoption of Special Kids—was begun.

In the 10 years, AASK has been responsible for the placement of almost 2,500 children, so we have a lot of experience, and we do it through two programs: licensed California Adoption Program, and also the second program is the AASK National Adoption Exchange Program whose function is a management information system that matches families who are interested in these special needs children with the agencies who have the custody of the children.

AASK itself docs not have the custody, but we get these agencies together; we work with over 400 agencies. So, what we want to speak to is the fact that not only can these children be placed, but fully successfully, and they can work at it in a very positive, efficient way.

Public Law 96-272, I think, is perfect, but there are a number of flaws to it—design flaws that I would like to speak to.

Mr. STARK. Please.

Mr. MEHLFELD. I have a number of them in the written testimony, but I will highlight just a couple, those particularly that the Federal Government may have some role in.

One of them is that 96-272 was supposed to help the movement of children across State lines so that resources of all the families in the United States will be available for children, and not just be limited by a very narrow regionalism that has prevented placements before.

It's a good idea, and AAP, the Adoption Assistance Program permits the dollars to go across State lines, but the medical, or the medicaid system is a very serious limitation to that AAP support.

For instance, those families who adopt a child from another State or who move after placement have a difficult time getting medical services. The reason is that medical, as you know, is quite limited, anyway, as to what they will do for California children, but if you move out of the State, you have to still be vendorized in the State of origin, not in the State of residence, so if you move to Ohio, for instance, and you want a service provider to help you there, you have got the service provider to become vendorized in California.

Mr. STARK. Does "vendorized" mean "approved"?

Mr. MEHLFELD. Yes, approved for payment.

AASK has dealt with families who have waited 2 years to get their provider to get the money, and they are not going to get the service with those kinds of delays.

So that is a serious limitation, and one that can be provided. I think there is an answer to this, and I think the Association of Public Welfare Directors at a national level is trying to promote the plan, whereby a child receives medicaid in the State of residence, not origin. I think that would be—and I think that needs to be supported—a very valuable step.

Another money question I would like to speak to is the practice of agencies—I am speaking of two barriers here—to be restrictive in payment of AAP grants—Adoption Assistance Program grants.

The intent of AAP is to provide support, to make it possible for families to adopt kids who otherwise couldn't adopt them because of money, but who nevertheless have the ability.

And so the availability of the money makes a difference as to whether these families are going to adopt or not; and it is widely recognized, like in New York for instance, where it is recognized that you can place a child in an adoptive home and pay a full foster care rate, up to the foster care rate until the kid is 18, and still be a lot cheaper than keeping a kid in foster care, by far. OK?

And that the difficulty here is that adoption workers tend to restrict payments for families in either of two ways, by giving a means test for the amount of money that they will provide, or by limiting the time that they will get the amount. This is a serious limitation, because it is recognized that up to 40 percent of adoptions are by foster parents wanting to adopt the kids in their home. They are getting the foster care money for it; and if they know that these kids—as it was talked about earlier had very serious problems—if they know that there is some question that they wouldn't get the money after a couple of years, they are very hesi-

tant to adopt and—they are forced into legal guardianship, which is the least better alternative than adoption.

Elsa Ten Broeck earlier said she was emphasizing legal guardianship, and I don't—and the reason that she is being forced into it is because workers are not paying full foster care rates in AAP subsidies.

So, I think the recommendation from the Federal Government, I would see, is make sure that that program is fully funded, so the agencies cannot deny or reduce payments, because it is costing us more not to pay AAP now.

In other words, to pay the legal guardianship requires supervision rates and therefore it is usually cheaper to keep children in adoptive homes with AAP payments and the kid has a sense of permanency. He is a part of an adoptive family.

A third problem I think I'll speak to, is one that Alice was speaking of.

There is a lack of cooperation/collaboration between foster care and adoption agencies. Particularly in large public agencies, the foster care and adoption staff do not sit down together. They don't have clear criteria for adoptability or not.

AASK places a lot of children, but we know there are populations of children out there who are not being considered for adoption. AASK is trying to get rid of that label of "unadoptability," because there are families out there who are willing to take these children, but the criteria for considering adoptability, I think, is very skewed with personal bias and workers who have had some harsh experience.

And we find that we are successful. And one of the reasons that we are successful is our ability to overcome another barrier to the 96-272, which is agency difficulty in dealing with the nontraditional family.

We are willing to deal with single parents, parents with large families; with parents who have low income, or don't respond well to adoption agencies and can't get through the system.

And we have had a lot of success with literally agency rejects, and adoptive parents going to other agencies come to us and have been successful.

The question might be raised, we who work with these nontraditional parents in adoption, how successful are we? Last year, our disruption rate, that is, those kids aren't able to make it in an adoptive home was 10 percent.

So, that 9 out of 10 kids who were referred to us and whom we placed, are successfully in adoptive families. We consider that a high rate, considering the kind of kids that we placed, kids who were very disturbed.

Earlier, Alice was saying too that one of the barriers to 96-272 is the limited ability of adoption agencies to recruit minority families.

As she was saying black adoptive families adopt four and a half times more per population than Hispanic or white families, and yet the number of children in adoptive homes outruns the availability of minority homes, primarily because of agency, limitations, and lack of sensitivity on how to deal with black and Hispanic and Pacific-Asian families. That is a major problem.

Finally, I want to mention that adoption agencies tend to underutilize exchanges.

One part of 96-272 that is funded, a National Adoption Exchange, is a listing of available families and the children waiting in care. AASK is the test site here in this region, and I think that it is a move in the right direction, and it will be—I think the Federal Government can support it—able to move kids across State lines as far possible with the Federal subsidies and through the medical subsidies.

Mr. STARK. Could you just review for me what the general rules of the road are in California and Alameda County, in terms of adoption, as to age, religion, income, whatever?

Mr. MEHLFELD. The rules are——

Mr. STARK. In a broad sense.

Mr. MEHLFELD. The rules that you are alluding to are the myth in the community, and more prevalent too for infant adoptions at a time in the past when—agencies were trying to match, make it look like a birth and also give him to nice families—and it was an infant adoption business. Since the move is toward special needs adoption, the only qualification basically will be the ability and the capacity to parent these specific kinds of children—to be aware that they have a past, to be sensitive to that, not to deny their past; to provide them a home—basically, that is it.

Unfortunately, a lot of those biases are still prevalent in adoption. Families do get turned away, on countless occasions because they have too many kids in their family, for instance. The worker thinks if the worker couldn't do it they can't see how the family could do it or they have never parented before; how can they parent a kid as tough as this, despite the fact that they have shown it or because they are overweight, and their life expectancy may be short because they are so fat gives some cause for concern, and a lot of reasons like that; and a general tendency to look for perfect families, I think, is a barrier.

But, ideally, is the ability and capacity of the job.

Mr. STARK. Did you want to add anything to that, Alice?

Ms. WASHINGTON. I just want to tell him that the State of California does say that a family has to be married, legally married, and at least a year.

Mr. STARK. What are our rules on adoption by single parents? For single people?

Mr. MEHLFELD. That there is——

Ms. WASHINGTON. There are no rules; there are no laws. However, because of personal biases and because a lot of workers look for the ideal family, and they feel that the ideal family is a two-parent family, then single parents are treated like second-class citizens.

Mr. STARK. Then, is it difficult for a single person to adopt a child in Alameda County?

Ms. WASHINGTON. Yes.

Mr. MEHLFELD. Yes.

Ms. WASHINGTON. And particularly, the younger the child, infants. It is very rare that a county would allow a single parent to adopt an infant because they feel a couple is the ideal kind of family and that there is a paucity of those children, so—and there are a lot of families available who would want to adopt a child.

Mr. STARK. I notice that you have a shortage of infants and an overabundance of older children.

Ms. WASHINGTON. Overabundance of families, that's right.

Mr. STARK. And that probably just has more to do with perceptions than any real reason. I think people feel, as you said, adopting an infant comes closer to the birth situation.

Mr. MEHLFELD. Yes.

Mr. STARK. Well, I want to thank both of you. It is very difficult. I must take all the responsibility for the inadequacy of the law that we have been discussing today, and probably even take some of the responsibility for the lack of funds. I suppose we always could have fought harder, to bring funding the programs that instinctively we know are necessary.

It is hard. If it is difficult for professionals to be good parents, as you indicated, how can this couple handle one more child; they've got six and I have got only one and I am in trouble. Well, it is equally difficult for those of us who are yet another step removed, in trying to legislate for the whole country, even though we do have some States who have far different opinions about how much Government interference or assistance is necessary or even desirable. I appreciate your taking the time out—and I address this to all the witnesses who are still with us, to inform us. It is very important.

The testimony will be compiled into a report. It does get reviewed, and it is just out of this type of activity that we tend to change the laws or add to them, and we couldn't do it without your assistance. I certainly hope that none of you will be bashful about writing. I do receive mail from either your agencies or your communities, and it is important that you keep after us, and keep supplying us with this information.

Without it, we couldn't begin to do, even approach the legislative corrections that are needed.

As I say, never assume that we know much about what you are writing us about. Treat me as a pedestrian, entry-level person. In these complex areas it doesn't offend nor does it offend my staff or colleagues. We don't know all the numbers, and when you generally refer to California bills—many Federal bills we don't know the numbers of.

So, don't ever assume that you are dealing with a professional on a clerical basis, you are dealing with a citizen who needs a lot of explaining.

Again, we appreciate your being here today.

Having said that, unless there is anybody that I have overlooked in the audience who would like to add something, I would just state that the subcommittee's hearing stands adjourned. Thank you very much.

[The prepared statement follows:]

STATEMENT OF JAMES H. MEHLFELD, EXECUTIVE DIRECTOR, CALIFORNIA ADOPTION PROGRAM, AASK AMERICA-AID TO ADOPTION OF SPECIAL KIDS

On behalf of AASK America-Aid to Adoption of Special Kids, I am pleased to have this opportunity to give testimony to this Public Hearing on the implementation status of Public Law 96-272. I have worked in Special Needs adoption for six years and am currently the Executive Director of AASK America, California Adoption Program. In 1973 Bob founded Aid to Adoption of Special Kids . . . now known

as AASK America. Headquartered in the San Francisco Bay Area of California, this organization works with families as well as public and private agencies in all 50 states to promote adoption of physically or mentally handicapped children, minority children, older children and sibling groups.

AASK America was founded in response to inquiries the DeBolts received as a result of press and media coverage concerning some of their family's adoptions. The letters and telephone calls they received from all parts of the country were similar. These people wanted to adopt children with special needs but for various reasons had been discouraged by their local agency. These inquiries had increased to the point where AASK America was organized. Since that time, AASK has grown tremendously and has been extremely effective in its goal of finding homes for special kids. In 10 years this national organization has been responsible for the placement of nearly 2,500 special needs children.

AASK America has a total staff of eight people and serves children with 2 primary programs. The first is a licensed agency in California that offers full home-study and placement services. The second is AASK's National Exchange Program, a management information system that matches families who want to adopt special needs children with agencies who have these children in their care. This program works with over 400 agencies throughout the United States and has received inquiries from potential adoptive parents in all 50 states. This program was established as an attempt to overcome one of the greatest barriers in adoption then and today . . . that is the regionalism which exists throughout the United States, which discourages placement across state lines.

The Design of Public Law 96-272 is excellent. However, there are a number of serious limitations in its implementation.

1. *The Lack of accurate and current data on children in out-of-home care.*

A crude count of children in out-of-home care is available in California and other states. However, this is only a beginning. Detailed data on all such children including age, race, phsyical, mental and emotional condition and, most importantly, the status of each permanently plan aggregated for all children, county by county, is lacking. Without such data how can we attempt to evaluate the status of 96-272's implementation.

As a companion to accurate data, it is essential to have a tracking and monitoring system to see that children are receiving the services mandated to establish an adequate permanent plan for them.

The Federal Government needs to play a strong role in enforcing 96-272's mandate for states to collect and publish data on children in out-of-home care.

2. *Inadequate A.A.P. medical coverage across state lines.*

For adoptive families who take handicapped children from other states into their homes or who move to another state during or after the adoption there is a serious gap in medical services. In general, most state's MediCaid systems are not accepted in other states. Medical services can only be paid for in another state if the service provider goes through the lengthy vendorization process, followed by an even more lengthy payment turn around time. The California Adoption Program has examples of turn around times from 4 months to over 2 years. Service providers tend to refuse treatment because of these delays and children suffer as a consequence. We are aware of numerous situations where families have been forced to refuse adoptive placement of a child from another state solely because of this problem.

One solution, being proposed by the Association of Public Welfare Directors (A.P.W.A.) and one I support would be to allow children to receive Medicaid in the state of their current residence, rather than in the state of origin. Only that way will the intent of 96-272 to support placement of children across state lines be implemented.

3. *The practice of agencies to be restrictive in payment of A.A.P. Grants.*

The availability of an adequate subsidy is often the deciding factor on whether or not a family can adopt. It is widely recognized and demonstrated in a number of studies that adoptive placement with a subsidy of the full foster care rate is cheaper for tax payers than maintenance of the child in foster care. Despite this fact, agency workers tend to apply an all too strict means test for the amount of payment of A.A.P. funds and this turns away parents who can adopt but who feel they need the subsidy. The intent of the Federal monetary support of 96-272 is to facilitate placements through A.A.P., but this is too frequently being countermanded by this practice.

It is recognized that in many states up to 50% of special needs adoptions are by the child's foster parent. It is a serious hardship for foster parents adopting when the adoption worker insists on reducing the A.A.P. grant amount or its duration because of the adoption. This pattern is all too prevalant. Its consequences are that

foster parents are forced to choose long term foster care or legal guardianship for the child in their care adoption is in the best interest of the child and the intent of 96-272.

In addition to careful monitoring on this issue, the Federal government can help the situation by adequately funding the A.A.P. program to the states each year.

4. *Lack of a legitimate external review system prevents secrutiny of the permanency plans for children.*

In California and other states both adoption units and the court system are overwhelmed with increased numbers of children being referred to them. It is our fear that in the press of cases the adoptive units are turning away children solely because of lack of staff.

The review systems currently being used to ensure that this does not occur are flawed: the court reviews tend to be cursory because of the sheer number of cases they are dealing with. The Administrative review systems that are established in counties do not involve persons external to the child welfare system.

In order to have agencies publicly accountable external review of all cases is the best choice. This is one important step beyond the Court Appointed Special Advocates (C.A.S.A.) programs which are valuable, but which review only those cases at the request of the jungle.

5. *Lack of cooperation/collaboration between foster care and adoption units in large county agencies.*

It is a pattern for the large public agencies to have foster care and adoption units in separate location with little communication. What is required is for foster care and adoption worker responsible for the permanency planning to sit down together and, using definable criteria, formulate and act on a permanency plan for each child in the system. Our observation is that such criteria do not exist and therefore judgements on behalf of kids are not only subject to too much personal bias by the social workers involved, but also are too often not followed through on sufficiently because of the lack of staff.

The establishment of external review would see that each child's case has full consideration for permanency both from the agency and community experts.

6. *Agency difficulty with the non-traditional adoptive parent.*

Too many adoption agencies throughout the county reject the non-traditional family. Most of AASK America's placements have involved families, such as, single parents, large family groups, first-time parents, parents with low income, and parents who don't respond well to local agencies. We believe that one of the reasons why our disruption rate was only 10% of our placements last year is because AASK America's social workers are adept not only at seeing the non-traditional family as an excellent resource for children, but also in providing the supportive services to make the placement work.

7. *Limited ability of adoption agencies to recruit minority families.*

Too many adoption agencies still lack the ability to attract minority families, especially Black families, in sufficient numbers for the need. While efforts in this area are improving gradually, one of the most discouraging elements to it, is agencies' inability to adequately respond to those families who do contact them.

Major efforts to employ minority staff and to have non-minority staff trained in how to deal with racial and cultural differences are essential if any improvement can be expected here. This suggestion applies all the more importantly to the Emergency Response and Family Reunification units since adequate intervention there would prevent the necessity of adoptive placement.

AASK has been involved in numerous efforts to recruit minority families both singularly and collaboratively with such agencies as Bay Area Urban League. We feel that when these kinds of efforts are supplemented by sensitives responses to the families who contact the adoption agencies there will be enough minority families for the waiting children.

8. *Adoption agencies' underutilization of adoption exchanges.*

Exchanges can be invaluable to adoption agencies in providing matching for their children and/or families that lead to adoptive placements. One problem here is that too any adoption agencies have a limited knowledge of how to use adoption exchanges. AASK's National Exchange Program is continually battling another problem in this area, that of getting agencies to study families for other agencies' children.

AASK's Exchange Program is one of the test sites for the Federally funded National Adoption Exchange located in Philadelphia. It is hoped that the exchange's national listing of families willing to adopt special needs children will also encourage social workers to look with more favor upon the possibility of children in their legal control being placed outside their juridiction.

However, this can happen only if the states cooperate, in the spirit of 96-272, to see that medical coverage and adequate adoptive subsidies can go across state lines.

In summary, I wish to thank you for this opportunity to testify on behalf of Public law 96-272. You are in a powerful position to improve the situation for children in America. I am happy to be able to share with you the facts of AASK America work and the continuing need for the Federal government's effort on behalf of children needing permanent homes.

[Whereupon, at 1:10 p.m., the hearing was adjouned.]

[Submissions for the record follow:]

STATEMENT OF ABIGAIL ENGLISH, STAFF ATTORNEY, NATIONAL CENTER FOR YOUTH LAW

I. INTRODUCTION

The National Center for Youth Law thanks the Subcommittee on Public Assistance and Unemployment Compensation for the opportunity to present this testimony on child welfare and foster care. The National Center for Youth Law is a nonprofit organization which represents the interests of poor children and their families. The National Center for Youth Law is part of the national system of legal services for the poor and, as a national support center, provides advice and consultation to legal services lawyers, other advocates, and policy makers who request assistance concerning the rights of poor children and families in the areas of housing discrimination against families with children, public benefits, juvenile justice, youth employment, abuse, neglect and termination of parental rights, and foster care. The Center also engages in litigation affecting the rights of poor children. The Center has worked extensively on foster care and child welfare issues since the early 1970's and recently this has been the area in which the Center's assistance is most frequently sought.

During the last four years the Center has focused particular attention on the implementation of the Adoption Assistance and Child Welfare Act of 1980, Public Law 96-272. The Center has disseminated major publications interpreting this law and discussing its implications for litigation to every legal services program in the country and to other child welfare and foster care advocates. The Center frequently receives requests for assistance on issues related to the implementation of Public Law 96-272. In addition to communicating regularly with legal services attorneys and other advocates in California and other states throughout the country, during the last two years Center attorneys have spoken with social workers, public health nurses, day care personnel, and administrators in public and private social services agencies in California to determine the extent of compliance with Public Law 96-272 and the state statutes enacted to implement the federal law.

The enactment of Public Law 96-272 has provided the incentive for courts, legislatures, and public and private agencies to focus considerable attention on the need for improvement in the child care systems. As a result of the law, there is more widespread awareness of the need for services to prevent family break-up and to promote permanent placements for children. Some states have implemented major changes in their state statutes and regulations in an effort to comply with the law's mandates. These are important positive steps.

However, although some salutary changes have already resulted from the impetus provided by the federal act, there are a myriad of problems which remain to be resolved. Many of these problems would be ameliorated if the existing terms of Public Law 96-272 were actually implemented at the state and local level, whereas other problems are unlikely to be resolved without further action by Congress in the form of amendments or additions to the federal statute. This testimony will focus on problems in two specific areas which the Center believes are crucial to the eventual implementation of both the spirit and the letter of Public Law 96-272: (1) reasonable efforts to prevent family separation or promote family renunification; and (2) the importance of comprehensive representation of children by independent counsel.

II. REASONABLE EFFORTS TO KEEP FAMILIES TOGETHER OR TO REUNIFY CHILDREN AND PARENTS

Public Law 96-272 requires that there be reasonable efforts made in each case to prevent the necessity for placement of the child in foster care and/or to reunify the child with the familiy. Implementation of this requirement has been inadequate at each level of responsibility: federal; state and local.

Implementation of the reasonable efforts requirement would theoretically be achieved if other important mechanisms in the law—the requirements of case plans and of six-month and eighteen-month reviews—were faithfuly adhered to. However,

even where case plans and case reviews are being done, in compliance with the letter if not the spirit of Public Law 96-272, timely services are not being provided to keep families together or to renunify them after children have been placed in foster care.

Implementation of the reasonable efforts requirement by the Department of Health and Human Services (HHS) has been completely inadequate. HHS has issued no regulations interpreting or specifying standards for the implementation of this important requirement. The regulations issued for Public Law 96-272 contain no specification for a core group of services which each state must have available in order to be operating an adequate program of preventive or reunification services. The regulations also do not set forth any criteria whatsoever for determining what efforts would be reasonable in an individual case. As of early 1984, in response to requests for guidance on the implementation of the reasonable efforts requirement, HHS has stated its intention to issue "non-binding informational materials" on the subject. Such lax efforts to enforce one of the law's most important requirements are not sufficient.

At the state level, efforts to implement the reasonable efforts requirement have also been insufficient. At this time only two states, New York and California, have mandated by statute that preventive or reunification services must be provided in individual cases. And in California, a six-month limit has been placed on the provision of these services. Most states have not incorporated a mandate for preventive or reunification services in individual cases into either their state statutes or regulations. In addition, few states have specified in their statutes or regulations which preventive and reunification services must be available statewide. Moreover, there are few, if any, state statutes or regulations which specify the criteria for determining the circumstances in which certain types of services should be utilized.

Few, if any, state statutes or court rules have implemented procedures for making the reasonable efforts determination required under 42 U.S.C. § 672(a)(1). Many judges are reluctant to make a determination (i.e. that no reasonable efforts have occurred) which would either be a barrier to removal or deprive the state of federal funding in cases where they are convinced removal is appropriate, even if the agency has provided no services to prevent the necessity for removal. In addition, in many states, the courts are not granted clear authority by statute to order that specific services be provided in a particular case. The apparent absence of this authority contributes to judicial reluctance to make the reasonable efforts determination required by Public Law 96-272: some judges are hesitant to determine that an agency has not made reasonable efforts where they believe they may not have the power to order the specific services which would constitute reasonable efforts.

Finally, state statutes and regulations rarely include standards for visitation, usually leaving the question of visitation to the discretion of the child welfare agency. Numerous studies have demonstrated that visitation is often the single most important factor in determining whether a child returns home from foster care. Moreover, neither federal nor state regulations specify what procedural safeguards should be provided with respect to changes in visitation arrangements. In view of the importance of visitation to the potential for successful reunification, visitation standards should be spelled out in state statutes or regulations as an integral part of the reunification services program.

At the local level, preventive and reunification services are provided only in a sporadic and inadequate manner. Although in almost every state social workers and administrators claim that there is inadequate funding for services, the absence of funding does not account for all problems in the delivery of preventive and reunification services.

In California the State Department of Social Services has delegated to the county welfare departments responsibility for delivery of preventive and reunification services. The local welfare departments discharge this responsibility, in large measure, through referrals to other public and private agencies, rather than direct provision of services. Particularly in cases where a court petition has not been filed, the referral is often followed by the county welfare department closing the case. In these instances there is no monitoring either of the effectiveness of the services or of whether the child is at continuing risk.

In one California county, where an excellent program of in-home preventive services has been established (initially with private funding and now partially with county funding by contract), the county welfare department seriously underutilizes this program, and fails to make appropriate referrals for its services. In 1983 out of approximately 314 referrals only 37 came from the unit of the county welfare department which receives all reports of abuse and neglect; and many referrals from

the county welfare department only occur after many months, when they are too late to be effective.

The delivery of one of the most important reunification services—visitation—occurs in very limited fashion, often only for short periods of fifteen minutes or one-half hour in the office of the social service agency. Visitation schedules set up by the agency often do not take into account the difficulty parents or foster parents may have with transportation or other problems such as the difficulty of visits during the week for parents who are employed or who do not have day care for other children still at home.

The failure to make timely appropriate determinations of the necessity for preventive and reunification services and the failure to deliver those services, particularly visitation, results from two primary causes: the absence of adequate standards in state and federal law; and the absence of adequate training in appropriate techniques for keeping families together.

III. COMPREHENSIVE REPRESENTATION OF CHILDREN BY INDEPENDENT COUNSEL

In many, if not most, dependency cases children alleged to be abused or neglected are not independently represented by counsel. Although the Child Abuse Prevention and Treatment Act mandates appointment of a guardian ad litem in abuse cases, its provisions have not been adequate to result in representation by counsel for all children in dependency proceedings who need it. For example, although California requires that children be represented in abuse cases, many dependency proceedings include only allegations of neglect and thus do not require appointment of counsel. Even in abuse cases, however, counsel is frequently not appointed. Moreover, in many states, including California, the fiction is maintained that the child is represented by the same attorney who represents the social services agency.

Representation of children by counsel is an important—if not essential—key to insuring that other significant requirements of Public Law 96-272 and state laws are implemented. Without such representation case plans are simply drawn up, if at all, by the social worker and presented to parents as a fait accompli; court and administrative reviews are conducted on the basis of written reports in two or three minutes apiece; and decisions regarding permanent placements of children are conducted without testimony, cross-examination or presentation of the child's point of view, if it differs from that of the agency. In order to illustrate the important role independent counsel for a child might play, three case examples are outlined below.

In one case, two white children had been in foster care for four years. They were with the same Black foster mother for the entire time, with the agreement of their natural father. After a change in social worker decided the children should be moved to a white pre-adoptive home. The children didn't want to move and their Headstart teacher thought they were showing signs of trauma in anticipation of the move. The foster mother had no standing to file a grievance under state regulations because the children were moving to a pre-adoptive home. The father didn't want the children to move, but only learned of the plan accidentally and was unrepresented by counsel. The attorney for the social services agency claimed he represented the children. Only after a protracted battle in the juvenile court, did the judge agree to appoint independent counsel for the children.

In a second case, a thirteen-year old emotionally disturbed child was in a foster home with foster parents who were willing to adopt him. During his several years in foster care he had been reunitifed unsuccessfully six times with his mother, an alcoholic, who on his last stay at home had thrown him down the stairs. He had a court appointed special advocate, a lay volunteer appointed to investigate and report to the court. This advocate was told that a petition to terminate patental rights would not be filed. The advocate, as a lay person, was powerless to initiate any court proceedings to remedy the situation.

In the third case, a severely handicapped child was removed from his mother at age six months based on an unsubstantiated report of abuse. He was placed in a foster home where over a period of eight years he was severely neglected and malnourished to the point of near starvation. No efforts were made to reunify him with his natural mother. After an attorney was finally appointed to represent him, he was reunified with his natural mother who is caring for him with assistance from a community agency.

These cases illustrate the importance independent counsel for a child can play. Such counsel can be especially useful if they have continuing responsibility to represent the child from the initiation of any proceedings until the child is discharged from state custody. They can thereby monitor such important events as changes in placement and visitation arrangements, failure to provide reunification services where appropriate, and failure to implement an appropriate permanent plan.

IV. RECOMMENDATIONS

The National Center for Youth Law recommends the following actions by Congress.

1. Public Law 96-272 should be amended to require, as a condition of federal funding under Title IV-E and Title IV-B, that each state provide on a mandatory statewide basis a specific core group of preventive and reunification services.

2. Public Law 96-272 should be amended either to specify minimum standards for visitation or to require that, as a condition of federal funding under Title IV-E and Title IV-B, each state specify by statute minimum standards for visitation and due process procedures applicable to changes in visitation arrangements.

3. Public Law 96-272 should be amended to require, as a condition of federal funding under Title IV-E, that each state must grant to juvenile court judges the authority to order provision of specific preventive or reunification services.

4. Public Law 96-272 should be amended to require, as a condition of federal funding under Title IV-E and Title IV-B, that each state provide to all child welfare workers training on working with natural parents and on the provision of preventive and reunification services.

5. Public Law 96-272 should be amended to require, as a condition of federal funding under Title IV-E, that each state shall provide for appointment of independent counsel to represent each child for whom dependency proceedings are initiated from the initiation of such proceedings to the termination of state jurisdiction over or custory of the child.

STATEMENT OF CAROLE SHAUFFER AND ALICE SHOTTON, STAFF ATTORNEYS, YOUTH LAW CENTER, SAN FRANCISCO, CA

The Youth Law Center is a non-profit public interest law firm representing children involved with the juvenile justice and foster care systems. Attorneys from the Center are involved in litigation in several states challenging conditions of confinement for juveniles in jails, detention centers and training schools. Staff also provide training and technical assistance to private and governmental agencies on issues concerning juvenile justice and permanency planning for children in foster care.

One part of the Youth Law Center's foster care project has been to study the implementation of Public Law 96-272, the Adoption Assistance and Child Welfare Act, in the western states in general and California in particular. Staff attorneys have visited several counties in California and interviewed attorneys, social workers, service providers, and judges to obtain their perspectives on the effects of this law and California's implementing statute (S.B. 14) on children in-care.[1]

On the basis of our interviews we conclude that passage of the federal and state laws has resulted in improvement in the foster care system. Almost everyone was aware of the general provisions of the state law and many individuals also were aware of the requirements of the federal law. The notable exception to this was biological parents who, in many cases, were not aware that the law had been changed and equally unaware of their rights under the new laws.

In particular we found a new awareness of the importance of both preventive services and other efforts to avoid removal of children from their families and the need for permanency in children's lives. Foster parents, advocates, judges, social workers and providers all commented on new requirements that make removal from home more difficult and mandate quick return to the biological family. In addition, members of all of these groups were aware, at least theoretically, that the movement to achieve permanency may require termination of parental rights after a shorter period of time.

We found that these legal requirements were not only recognized but being implemented by several courts and some social service systems. Efforts were made, particularly on behalf of younger children, to provide permanent homes either by returning children to their families or by finding adoptive placements. In addition, almost all communities were making some outreach efforts for hard to place children.

Nevertheless, despite these improvements, we believe there is still much to be accomplished if the goals of the Adoption Assistance and Child Welfare Act are to be met. We have identified several specific problems that appear to be common to many of the systems we observed.

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[1] In our study of implementation of the federal act and this discussion of our findings, we have analyzed implementation of both the federal and state statutes.

First: Judges, advocates, social workers and service providers all complained about a lack of funding for preventive and reunification services. This may be the result of inadequate overall funding levels or may result from inappropriate use of funding. In some areas, foster care is still the first alternative. Since foster care placement is so expensive, little money is left over to provide preventive services that could have avoided the placement.

In addition, some groups are completely deprived of the most basic services. For example, in one county where the proportion of non-English speaking children in foster care was very high, there was a waiting list a several months for non-English speaking parent counseling services. In many counties, a lack of housing is a serious problem and departments are unable to provide funding for first and last month's rent. Even adequate casework services are unavailable.

Despite the implementation of the reasonable efforts requirement in October of 1983,[2] most judges are not reviewing cases independently to determine what efforts have or could have been made to maintain the child in the home. This reluctance on the part of judges is largely due to their feeling that, because departments of social services do not have adequate funding to provide services, imposing a reasonable efforts requirement would be meaningless. Thus the lack of adequate funding for services frustrates the intent of the law.

Second: Social workers in most departments have extremely high caseloads which make it impossible for them to provide services to families. These overloads also endanger the lives and health of children in foster care by making it impossible for workers to monitor the quality of care provided to them. In some instances children have been sexually or physically abused by the foster parents without the knowledge of the social worker because of the worker's inability to make regular visits to the foster home. In addition, caseworker overloads result in unnecessary changes in foster home placements. Foster parents who could keep a problem child if they were given counseling and emotional support request that the child be removed because no such support is forthcoming. Without adequate caseworker services, the likelihood of a child returning home pending an appropriate permanent placement is also greatly reduced. Therefore case overloads greatly defeat efforts toward permanency planning.

Third: In many counties, court systems are overloaded. As a result, instead of monitoring the performance of Department of the Social Services, court hearings often merely give a rubber stamp to decisions made by overworked social workers. On one day in Los Angeles we observed appproximately 35–40 detention hearings in one court. Each hearing took between two and five minutes. Under the circumstances, the court had little or no alternative but to agree with department of Social Services' recommendations.

Fourth: Because of overloads, six-month reviews mandated by both state and federal law are in many situations ineffective. These reviews, which are designed to provide a forum for children, biological parents, foster parents, and other interested individuals, usually take the form of a paper review. Participation is discouraged because it interferes with the efficient running of the court system. So, although all counties are technically complying with the six-month review requirement, as it is conducted, this review is usually of little benefit to children or their families.

Fifth: Permanency planning hearings are inadequate. Both state and federal law require permanency planning hearings for every child in foster care at the conclusion of a 12-month (state law) or 18-month (federal law) period. Most courts did not hold any permanency planning hearings until August or September of 1983. Because of the tremendous backlog of cases that have been in the system for over one year, some judges held over 500 hearings in one month. Again, as in the case of the six-month reviews, these hearings were little more than a rubber stamp for Department of Social Services' decisions. Full hearings were held only when the biological parents or other concerned individuals retained or requested appointed counsel.

In the vast majority of cases, children had no adult who was able to represent their interest, and permanency planning hearings were either a paper review or an oral review lasting only a few minutes. Ironically, it is in this very situation where there is no concerned adult that a permanency planning is most needed and the court's attention most helpful. For almost all of the adolescents or hard-to-place children, courts decided on long-term foster care as the permanent plan. These results are in clear contrast to the intent of both federal and state law which was to ensure a permanent home for every hard-to-place child.

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[2] The reasonable efforts requirement mandates that judges determine that reasonable efforts have been made to avoid out-of-home placement prior to removal of a child from the home.

Sixth: At all stages there is a lack of participation by the child (or his or her advocate), the foster parent and the biological parent. In some counties, while parents are given written notice of permanency planning and review hearings, they are orally discouraged from attending if they "agree with the Department's recommendations." This makes it impossible for the court to observe first-hand a situation on which it is ruling. In other counties, the notification of parents is either not sent at all or sent in a form that is incomprehensible to them. We did not observe any county in which parents were affirmatively encouraged to attend hearings and the importance of these hearings was stressed.

A similar situation exists for foster parents who are often the adults who know most about the child's immediate and long-term needs. Some foster parents fear that the Department will retaliate against them by failing to place foster children in their homes if they attend hearings and speak out against Departmental recommendations. Others find it difficult to obtain transportation and child care. Still others complain that attorneys did not request their input about the foster child.

Finally, children are extremely underrepresented in all of these hearings. In most counties, the attorney who represents the Social Services Department also functions as the child's attorney. It is rare that a child has an appointed attorney. A child whose desires conflict with the recommendations of the Department never has a chance to be heard. More importantly, a child who is not receiving adequate services from the Social Services Department cannot make these problems known to the court.

Some counties have dealt with this situation by establishing a guardian ad litem or court-appointed special advocate (CASA) program. In these programs private individuals, usually not attorneys, are appointed to investigate the child's case fully and present recommendations to the court. Unfortunately, these programs are privately funded and very small in scope so that they serve only a tiny fraction of children in-care.

Because of under-representation by biological parents, foster parents and children, court hearings often become a dialogue between only the Department of Social Services and the court, with judges receiving only a biased or one-sided picture of the child's problem.

Seventh: There are serious problems in the quality of care for children in foster care. While some counties offer limited training programs to foster parents, none required full, adequate training prior to certification of a foster parent. As one foster parent indicated, the Department looks very hard at physical qualifications of the house but does not investigate psychological or intellectual qualifications of the foster parent. This problem becomes extremely serious when the foster child is physically or psychologically disabled (special needs). In the counties we visited, special needs foster parents are compensated at a higher rate than regular foster parents but have no particular qualifications, training, experience or knowledge that enables them to deal with these special needs children. As a result, some children in foster care receive poorer quality care than they would in their biological parents' home.

Eight: Counties do not adequately address the "special needs" child. As noted above, little or no training is required or available for special needs foster parents. In addition, outreach efforts for adoption of special needs children, particularly adolescents, are not adequate. In many counties, Departments appear to be reluctant to fully use the adoption subsidy program to locate adoptive homes. These departments do not encourage individuals who inquire about the adoption subsidy or inform potential adoptive parents of the adoption subsidy. Foster parents and relatives whose only obstacle to adopting is financial are most seriously affected by this practice.

Finally: County departments have failed to develop or publicize the due process procedures required under federal law. None of the foster or biological parents we interviewed knew about procedures available to them to contest denials of visitation or other benefits, or the refusal to place foster children in their care. Many foster parents indicated their fear of using such procedures if they were available because of possible retaliation by social workers or department officials. One county did have an ombudsman for foster parents, and not with those of children in-care.

Even the social workers we spoke with were uncertain as to what due process procedures were available to parents or children when benefits such as visitation and communication were denied. In one department we received several different answers about the appropriate procedure to follow. Unless these procedures are well-publicized and straightforward they are essentially meaningless.

As a result of our observations we make the following recommendations:

First: Higher levels of funding must be provided for preventive and reunification services. This could be accomplished by either reallocating funds now available for

foster care maintenance payments or raising the overall level of funding services. We believe that both are probably necessary and that, at least initially, there should be a higher investment of funds on the federal, state and county levels in services to keep families intact.

Second: We believe that training on the provisions of Public Law 96-272 and related state law should be provided to social workers, foster parents, attorneys, judges, and biological parents. Although there was a high level of awareness of the existence of the new law, there was also confusion about what it meant. In many cases, a lack of understanding of the philosophy and intent of the law was a barrier to its full enforcement. For example, we believe that judges would be more likely to hold full six-month reviews and permanency planning hearings if they understood their purpose more clearly. We strongly recommend that the federal government, and specifically HHS, take the lead in providing training to departments, judges, and consumers in foster care.

Foster children also have a limited awareness of the operation of the foster care system and some form of training should be provided to them. For example, the Los Angeles Guardian Ad Litem Project has developed a video tape on the foster care system which is to be shown to children who are waiting for court. This and similar efforts should be supported.

Third: Child advocacy organizations, particularly those providing direct services in the form of representation of children in dependency proceedings, should be developed and funded. Guardian ad litem projects and CASA projects are also crucial to the operation of the system as it now functions. Serious consideration should be given to providing each child in care with an attorney or a guardian ad litem. Unfortunately, several projects that provide this service have recently lost federal support and are going out of operation.

Fourth: The provisions of Public Law 96-272 should be more strictly enforced. This means that federal reviews should be adequate to ensure more than mere technical compliance. For example, in monitoring the permanency planning requirement, HHS auditors should look at the quality of the permanency planning hearing. This should include verifying what parties were present, which parties were represented by counsel, and the length of the hearing. Merely noting on the chart that a permanency planning hearing was completed does nto achieve the ends of the law and is ultimately counter-productive.

Similarly, the requirements that a due process system be in place should be strictly enforced and states should be required to distribute information about that due process sytem to all consumers and service providers. More detailed implementing regulations may be necessary to achieve this end.

In conclusion, we believe that the passage of P.L. 96-272 and California's SB 14 is a good first step to achieving permanency for children. However, the law must be fully funded and, judges, social workers and service providers must make a commitment to its goals. Training, enforcement, and meaningful participation by everyone involved in the foster care system is critical to the success of foster care reform.